## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

905 TROPICAL AVE

PORT CHARLOTTE FL 33948

## DOCUMENT # N0200009606

1. Entity Name

905 TROPICAL AVE

Principal Place of Business

PORT CHARLOTTE FL 33948

THE DISCIPLES CHURCH OF CHARLOTTE COUNTY INC.



**FILED** Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90658 040 \*\*\*\*61.25

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2. Principal	Place of Business	3. Mairing Address	- A 4V					
Suite, Ap	TOPICAL HOL		Suite, Apt. #, etc.					
	, a,	Suite, Apt. #, etc.	<u> </u>		CHECK HERE IF MAN	ING CHANGES		
City & Sta	ate		4. FE! Number	·				
12 Charlotte 9		City & State	Charlotte		05-0544-781 Not Applicable			
3399	48 Country USA	33948	Country	5. Certificate of S	Status Desired	\$8.75 Add Fee Require		
	<ol><li>Name and Address of Current F</li></ol>	legistered Agent		7. Name and Ad	dress of New Register	ed Agent		
			Name					
GLAZIEI	R, QUINCY L		Street Ad	drose (P.O. Pay Number is	P.O. Box Number is Not Acceptable)			
905 TRO	OPICAL AVE		City					
PORT C	CHARLOTTE FL 33948							
			City .		F	Zip Cod	e	
8. The above	e named entity submits this statement for	the purpose of changing its i	registered office or re	egistered agent, or both, ir	the State of Florida. 1	am familiar with,	and accept	
the obliga	ations of registered agent.						, i	
		7			<b>^</b> - •	.e s		
SIGNATURE CHUNCH 2-28-03								
148	্বীgilature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	: Registered Agent signature	required when reinstating)	DAT	E		
مدعوب القاداء أأثاثات	and the second s	Fu Stra	, + F N-					
FILE NOW: FEE IS \$61.25 9. Election Campaign				\$5.00 May Be	Make Ch	eck Payable	to	
Trust Fund Contr			ontribution.	Added to Fees	Florida Dep	partment of S	3tate	
- 10	0F510500 AND 0101				<u> </u>			
10.	OFFICERS AND DIRE		11.		ES TO OFFICERS AND			
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	<del> </del>			2L. Charlotte.				
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CITY-ST-ZIP		•	STREET ADDRESS C	os Tropical A	rve FL, 3394	<del></del>	l	
TITLE								
NAME		☐ Delete	TITLE	reasurer [		🗔 Change -	Addition -	
STREET ADDRESS			NAME STREET ADDRESS	sarbara Coe	<u></u>			
CITY-ST-ZIP			CITY-ST-ZIP	1630 Basin S L'harlotte			•	
TITLE				D LYWKIDHE	111 3345	_		
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12 I hereby c	Partify that the information complications	* 692 L	3113-01-2JF					

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attack ment with an address, with all other like empowered.

SIGNATURE: