

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90022 037 ****61.25

DOCUMENT # N12414

1. Entity Name

CHRISTIANS UNLIMITED CHURCH, INCORPORATED



Principal Place of Business

~~5635 PATRICIA DRIVE~~
~~ORLANDO FL 32822~~
~~US~~

Mailing Address

PO BOX 621057
ORLANDO FL 32862-1057
US

2. Principal Place of Business

2615 AMBERGATE RD

3. Mailing Address

OK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

OK

Zip

32792

Country

USA

Zip

OK

Country

OK

4. FEI Number

59-2607798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2615 AMBERGATE RD

City

WINTER PARK

FL

Zip Code

32792

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BEVERLY OWEN

Beverly Owen

2-13-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OWEN, WALDEN ☐ Delete
STREET ADDRESS 5635 PATRICIA DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME BERG, MICHAEL ☐ Delete
STREET ADDRESS 3325 GLEN VILLAGE CT
CITY-ST-ZIP ORLANDO FL

TITLE STD
NAME OWEN, BEVERLY ☐ Delete
STREET ADDRESS 5635 PATRICIA DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2615 AMBERGATE RD
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS OK
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2615 AMBERGATE RD
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE:

Walden Owen

2-13-04

407-647-3246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #