

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90507 031 ****61.25

DOCUMENT # N14775

1. Entity Name

CHURCH OF CHRIST OF CITRUS PARK, INC.



Principal Place of Business

**5105 W. EHRlich RD.
TAMPA FL 33624-2040
US**

Mailing Address

**1715 PERIDZ ST.
TAMPA FL 33612
US**

2. Principal Place of Business

3. Mailing Address

5105 W. Ehrlich Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, Florida

4. FEI Number **59-2827937**

Applied For

Not Applicable

Zip

Country

Zip
33624-2040

Country
USA

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

**MCCRAY, RICHARD ALBERT
1715 PERIDZ ST.
TAMPA FL 33612**

Name
Matthew K. Qualls

Street Address (P.O. Box Number is Not Acceptable)
7811 Bullara Dr.

TAMPA

City
Tampa

FL

Zip Code
33637-4917

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

Matthew K. Qualls

Matthew K. Qualls

1-15-03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GIBSON, DANIEL**
STREET ADDRESS **19862 WESTWOOD LANE**
CITY-ST-ZIP **LAND O' LAKES FL**

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

TITLE **D** ☐ Delete
NAME **PERKINS, ROCKY**
STREET ADDRESS **14523 HALFWAY LANE**
CITY-ST-ZIP **ODESSA FL**

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

TITLE **D** ☐ Delete
NAME **CRAIG, KEITH**
STREET ADDRESS **9769 FOX CHAPEL ROAD**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **D** ☐ Delete
NAME **HODGE, LARRY**
STREET ADDRESS **14104 ASHBURN PL**
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Rocky Perkins
Rocky Perkins

1/15/03

(813) 920-4269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)