

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90623 001 ****61.25

DOCUMENT # N15834

1. Entity Name

MCINTOSH CHRISTIAN CHURCH CORPORATION

Principal Place of Business

**3535 MCINTOSH RD.
DOVER FL 33527**

Mailing Address

**P.O. BOX 65
SEFFNER FL 33583
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2962518

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

**BADGETT, BOB L.
3535 MCINTOSH RD
(P. O. BOX 65)
DOVER FL 33527**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME ~~**BADGETT, THOMAS W.**~~
STREET ADDRESS ~~**501 MOORE ST**~~
CITY-ST-ZIP ~~**SEFFNER FL**~~

TITLE ☒ Change ☐ Addition
NAME **BADGETT THOMAS W.**
STREET ADDRESS **503 MOORE AVE**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **DP** ☐ Delete
NAME **BADGETT, BOB L.**
STREET ADDRESS **3535 MCINTOSH RD.**
CITY-ST-ZIP **DOVER FL**

TITLE ☒ Change ☐ Addition
NAME **BADGETT, BOB L.**
STREET ADDRESS **3535 MCINTOSH RD.**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **D** ☐ Delete
NAME **LEDFOUR, LOU**
STREET ADDRESS **5210 ROYAL OAK DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME **LEDFOUR, LOU**
STREET ADDRESS **5206 Orange Ave.**
CITY-ST-ZIP **SEFFNER FL 33584**

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

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: *Bob L. Badgett* **BOB L. BADGETT** 3-21-2002 813-659-1973
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0078165

CR02037 (9/01)