

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90109 044 \*\*\*\*61.25

**DOCUMENT # N23932**

1. Entity Name

**CHRISTIAN CONGREGATION IN THE UNITED STATES, (TA**

Principal Place of Business

Mailing Address

**CHRISTIAN CONGREGATION  
 2215 CLEMENT RD  
 LUTZ FL 33549  
 US**

**2215 CLEMENT DR.  
 LUTZ FL 33549-7525  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2803811**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMODEO, JAMES C  
 15119 18 ST NORTH  
 LUTZ FL 33549**

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  Delete  
 NAME **C LAURICELLO, JOSHUA**  
 STREET ADDRESS **2217 CLEMENT RD.**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S TR SILVA, JESUS**  
 STREET ADDRESS **14743 LAKE FOREST DRIVE**  
 CITY-ST-ZIP **LUTZ FL**

TITLE  Change  Addition  
 NAME **TR SILVA, JESUS**  
 STREET ADDRESS **14743 LAKE FOREST DRIVE**  
 CITY-ST-ZIP **LUTZ FL**

TITLE  Delete  
 NAME **T PAWLUS, DANIEL**  
 STREET ADDRESS **17401 MARY CHARLOTTE PL**  
 CITY-ST-ZIP **LUTZ FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VT AMODEN, JAMES**  
 STREET ADDRESS **15119 18TH ST. N.**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TR S PAWLUS, LAURANCE**  
 STREET ADDRESS **18103 FAIRPOINT PL**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
 NAME **S PAWLUS, LAWRENCE**  
 STREET ADDRESS **18103 FAIRPOINT PL**  
 CITY-ST-ZIP **LUTZ FL 33549**

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: **LAWRENCE PAWLUS** *Lawrence Pawlus*

**3-23-00** **(813) 251-1849**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/999