

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90100 003 \*\*\*\*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  
 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

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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>LAURICELLO, JOSHUA</b>	
STREET ADDRESS	<b>2217 CLEMENT RD.</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>SILVA, JESUS</b>	
STREET ADDRESS	<b>14743 LAKE FOREST DRIVE</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PAWLUS, DANIEL</b>	
STREET ADDRESS	<b>17401 MARY CHARLOTTE PL</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>AMODEN, JAMES</b>	
STREET ADDRESS	<b>15119 18TH ST. N.</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PAWLUS, LAWRENCE</b>	
STREET ADDRESS	<b>18103 FAIRPOINT PL</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED**

*James C. Amodeo*  
**James C. Amodeo**  
 1-11-01 Date 812-27 Daytime Phone #

CR2E037 (10/00)