

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

03-07-2002 90018 018 ****61.25

30392



DO NOT WRITE IN THIS SPACE

DOCUMENT # N23932

1. Entity Name

**CHRISTIAN CONGREGATION IN THE UNITED STATES. (TA
 MPA LOCALE INC.)**

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

Zip

Country

Zip

Country

4. FEI Number

59-2803811

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

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

Name

LAWRENCE W PAWLUS

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

18103 FAIRPOINT PL

City

LUTZ

FL

Zip Code

33549

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

Lawrence W Paulus

4-4-02

Signature, typed or printed name of registered agent and date 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

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VT AMODEO, JAMES X 15119 18TH ST. N. LUTZ FL 33549

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 W Paulus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE W PAWLUS (1-26-02)
 DATE

251-1849

CR2E037 (9/01)