

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0029145

04-04-2001 90134 002 ****61.25

DOCUMENT # N25942

1. Entity Name

CHRISTIAN DEVELOPMENT CENTER A CHURCH OF THE NAZ

Principal Place of Business

Mailing Address

C/O MARTY FILLINGI
 343 NAIL ST NE
 PALM BAY FL 32907-8554
 US

C/O MARTY FILLINGI
 343 NAIL ST NE
 PALM BAY FL 32907-8554
 US

737649



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2824359

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~Li. No.~~
KHAJEH-NOORI, YAHYA
178 MAYFAIR ST SE
PALM BAY FL 32909

Name

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

231 Peake St. N.E
Palm Bay

FL Zip Code **32907**

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 *Linda F. Walro*
Signature typed or printed name of registered agent and title if applicable.

3/31/01
DATE

(NOTE: Registered Agent signature required when reinstating)

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 **C** Delete
 NAME **ROWAN, STUART E**
 STREET ADDRESS **3759 PEACOCK DR.**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **D** Change Addition
 NAME **Grassman, Larry**
 STREET ADDRESS **1414 Kaslo Cir NW**
 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **D** Delete
 NAME **MITCHELL, JANICE**
 STREET ADDRESS **931 PENELOPE AVE NE**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** Change Addition
 NAME **Lock, Gwenell**
 STREET ADDRESS **836 Serenade st. NW**
 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **D** Delete
 NAME **GRASSMAN, SHEILA**
 STREET ADDRESS **1414 KASLO CIR NW**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WALRO, BARRY**
 STREET ADDRESS **231 PEAKE ST**
 CITY-ST-ZIP **PALM BAY FL 32907**

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: *Stuart E. Rowan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/01 321-247-2500
Date Daytime Phone #

CR2E037 (10/00)