

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90011 003 \*\*\*\*61.25

CS / REG /

**DOCUMENT # N25942**

1. Entity Name

**CHRISTIAN DEVELOPMENT CENTER A CHURCH OF THE NAZ  
 ARENE INC.**

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**

633948



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

*Walro*  
**WALROY, LINDA  
 231 PEAKE ST. NE  
 PALM BAY FL 32907**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>ROWAN, STUART E</b> <b>3759 PEACOCK DR.</b> <b>MELBOURNE FL 32904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALRO, BARRY</b> <b>231 PEAKE ST</b> <b>PALM BAY FL 32907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-A</b> <b>GROSSMAN, LARRY</b> <b>1414 KASLO CIR NW</b> <b>PALM BAY FL 32907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOCK, GWENELL</b> <b>836 SERENADE ST NW</b> <b>PALM BAY FL 32907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

*01/20/02 321-243-2500*

CR2E037 (9/01)