

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90081 027 ****61.25

DOCUMENT # N25942

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**C/O MARTY FILLINGI
343 NAIL ST NE
PALM BAY FL 32907-8554
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 **59-2824359**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALRO, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda Walro

2/6/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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

2/2/03

321 984 0406

CR2E037 (10/02)