

1/8/20

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

01-08-2003 90151 001 ****61.25

DOCUMENT # N30141



1. Entity Name
**5TH STREET CHURCH OF CHRIST, INC. CRYSTAL RIVER,
FLORIDA**

Principal Place of Business

PO BOX 477
CRYSTAL RIVER FL 32623-0477

Mailing Address

PO BOX 477
CRYSTAL RIVER FL 32623-0477

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 **59-2848859**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARBURY, THOMAS G.
7150 W. CRESTVIEW LANE
CRYSTAL RIVER FL 32629

Deceased

7. Name and Address of New Registered Agent

Name Buford L. Buckingham
Street Address (P.O. Box Number is Not Acceptable)

4100 W. Horseshoe DR.
City Beverly Hills FL Zip Code 34465

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

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

TITLE <u>D</u>	PD	TINDAL, LESLEY	<input type="checkbox"/> Delete
NAME		117901 SW 146TH PLACE	
STREET ADDRESS		DUNNELLON FL	
CITY-ST-ZIP			
TITLE <u>D</u>	TD	MARBURY, THOMAS G.	<input checked="" type="checkbox"/> Delete
NAME		7150 W. CRESTVIEW LANE	
STREET ADDRESS		CRYSTAL RIVER FL	
CITY-ST-ZIP			
TITLE <u>D</u>	SD	BUCKINGHAM, BUFORD L	<input type="checkbox"/> Delete
NAME		4100 W HORSESHOE DR	
STREET ADDRESS		BEVERLY HILLS FL 34465	
CITY-ST-ZIP			
TITLE <u>T</u>		SAUNGE, Hubert B. JR	<input type="checkbox"/> Delete
NAME		4255 N. CITRUS AVE.	
STREET ADDRESS		Crystal River, FL. 34428	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
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NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-7-03 Daytime Phone #

CR2E037 (10/02)