## 2003 NOT-FOR-PROFIT CORPORATION

## **FILED** Mar 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # **N31660** 1. Entity Name 03-17-2003 90691 031 \*\*\*\*61.25 CHOICE SINGLE FRIENDS IN FAITH, INC. Principal Place of Business Mailing Address RADKE KNESL RADKE KNESL 6221 W THORPE ST 6221 W THORPE ST TAMPA FL 33611 TAMPA FL 33611 HS US 2. Principal Place of Business 3. Mailing Address I) i e 7 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2958082 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Name</u> GROTE, JOE Street Address (P.O. Box Number is Not Acceptable) P O BOX 43022 6533 9TH AVE N ST PETERSBURG FL 33710 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Addition KNESL, RADEK NAME RONALD NAME STREET ADDRESS 6221 W THORPE ST STREET ADDRESS 11923 DieTz DR. CITY-ST-ZIP **TAMPA FL 33611** TAMPA FL. 33626-3675 CITY-ST-ZIP DAC Delete TITLE TITLE ☐ Change BROTHERS, BARBARA NAME NAME DONNA PERRI STREET ADDRESS 4824 LAKE VALENCIA BLVD EAST STREET ADDRESS 1255 ABBEY CRESCENT LN CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-7iP CARWATER DAC TITLE Delete TITLE ☐ Change Addition ROSE, PATTY LIBBY HAGAMAN NAME NAME STREET ADDRESS 3301 W WOODLAWN AVE 101 S. OLD COACHMAN RD. # 327 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP <u>CLegrwater Fl. 33765</u> DC Delete TITLE Addition THIBAULT, LYNN NAME Poole NAME STREET ADDRESS 13840 CHERRY CREEK DRIVE 3576 OAK LANE DR. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 CITY-ST-ZIP PALM HARBOR FL. 34684 TITLE Delete TITLE ☐ Change Addition NAME WEYS, CAROL N NAME GRETQ THURMAN STREET ADDRESS 1711 WESTERLY DR STREET ADDRESS 4608 FERDINAND AVE. CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP TITLE ☐ Delete

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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes. changed, or on an attachment with an address, with all other RADEK.

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

TITLE Change ☐ Addition NAME STREET ADDRESS