

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90001 037 ****61.25

DOCUMENT # N36067

1. Entity Name

CHURCH OF CHRIST ENGLEWOOD EAST, INC.

Principal Place of Business

Mailing Address

**9600 GULFSTREAM BLVD
 ENGLEWOOD FL 34224
 US**

**9600 GULFSTREAM BLVD
 ENGLEWOOD FL 34224
 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

65-0161494

Applied For

Not Applicable

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

**WOLFF, CHARLES L.
 19 BUNKER PLACE
 ROTONDA FL 33947**

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: **DS** Delete
 NAME: **MCCALED, KATE**
 STREET ADDRESS: **3081 HOLLY AVE**
 CITY-ST-ZIP: **ENGLEWOOD FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DV** Delete
 NAME: **WHITTINGTON, WAYNE**
 STREET ADDRESS: **6983 SPINAKE BLVD**
 CITY-ST-ZIP: **ENGLEWOOD FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DT** Delete
 NAME: **MOCOSE, MARY**
 STREET ADDRESS: **732 CRESTWOOD RD**
 CITY-ST-ZIP: **ENGLEWOOD FL 34223**

TITLE: **DT** Change Addition
 NAME: **WHALEY, GEORGE W.**
 STREET ADDRESS: **52 BUNKER CT.**
 CITY-ST-ZIP: **ROTONDA WEST, FL 33947**

TITLE: **DP** Delete
 NAME: **WOLFF, CHARLES L.**
 STREET ADDRESS: **19 BUNKER PLACE**
 CITY-ST-ZIP: **ROTONDA FL**

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: *Kate Mccaleb*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2001
 DATE

941 697-8744
 DAYTIME PHONE #

CR2E037 (9/01)