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

## **DOCUMENT # N36067**

## CHURCH OF CHRIST FNGLEWOOD FAST INC



**FILED** May 08, 2003 8:00 am Secretary of State 05-08-2003 90160 046 \*\*\*\*61.25

CHOICH OF CHINGS ENGLEWOOD EACH, INC.										
Principal Place of Business 9600 GULFSTREAM BLVD ENGLEWOOD FL 34224 US		Mailing Address 9600 GULFSTREAM BLVD ENGLEWOOD FL 34224 US				1 1001101 000 1111	ATHE BOOK AND THE STATE AND	Diver didek Div	III SIDII ISBI	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City			4. FEI Number 65-0161494 Applied For Not Applicable					
Zip Country		Zip		Country		5. Certificate of Stat		8.75 Add ee Require		
	6. Name and Address of Current	Registere	d Agent			7. Name and Addre	ss of New Registered A	gent	· · · · · · · · · · · · · · · · · · ·	
WOLFE CHARLES I					Name					
WOLFF, CHARLES L. 19 BUNKER PLACE				Street A	Street Address (P.O. Box Number is Not Acceptable)					
ROTONDA FL 33947					_					
				City			FL	Zip Cod	е	
	named entity submits this statement folions of registered agent.	r the purpo	ose of changing its r	egistered office o	r register	red agent, or both, in th	e State of Florida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if appl	icable. (NOTE:	Registered Agent signa	ture required	I when reinstating)	DATE			
- Jensey -	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 DIF	RECTORS		11.		ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	Ī 10	
TITLE	DS		☐ Delete	TITLE				Change	☐ Addition	
NAME	MCCALEB, KATE			NAME					Ì	
STREET ADDRESS CITY-ST-ZIP	3081 HOLLY AVE ENGLEWOOD FL			STREET ADDRESS CITY-ST-ZIP					ĺ	
TITLE	DV		☐ Delete	TITLE			<del></del>	☐ Change	Addition	
NAME	WHITTINGTON, WAYNE		□ beiete	NAME				onlange		
STREET ADDRESS	6983 SPINAKER BLVD			STREET ADDRESS					j	
-CITY-ST-ZIP_	ENGLEWOOD FL.			CITY-ST-ZIP			Maria Caracana			
TITLE	DP Wolff, Charles L.		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	19 BUNKER PLACE			NAME STREET ADDRESS						
CITY-ST-ZIP	ROTONDA FL			CITY-ST-ZIP					ì	
TITLE	DT		☐ Delete	TITLE				☐ Change	Addition	
NAME	WHALEY, GEORGE W			NAME	Ì					
STREET ADDRESS	52 BUNKER CT			STREET ADDRESS CITY-ST-ZIP	ł				}	
CITY-ST-ZIP	ROTONDA WEST FL 33947			<del></del>				Change	ET Addis-	
TITLE NAME			☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS				STREET ADDRESS	}		•		{	
CITY-ST-ZIP				CITY-ST-ZIP			<u> </u>			
TITLE	·		☐ Delete	TITLE				Change	Addition	
NAME				NAME						
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP	<u> </u>			GITT-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:**