

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36894

1. Entity Name

THE CHURCH PLANTING CENTER, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90117 018 ****61.25

Principal Place of Business

16110 CASSIE PLACE NW
POULSBO WA 98370
US

Mailing Address

16110 CASSIE PLACE NW
SUITE 204
POULSBO WA 98370-8214
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

16110 Cassie Place NW

Suite, Apt. #, etc.

City & State
Poulsbo, WA

Zip
98370-3214

Country
US

4. FEI Number

59-2992663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, LYNWOOD C
1015 MAITLAND CENTER COMMONS
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Perez, Lynwood C.

Street Address (P.O. Box Number is not acceptable)
1231 Reformation Drive, Suite 105

City
Oviedo

FL

32765-7197

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

TITLE SD ☐ Delete
NAME BROOKS, CECIL
STREET ADDRESS P.O. BOX 922787
CITY-ST-ZIP NORCROSS GA 30010-2787

TITLE TD ☐ Delete
NAME SINGLETON, ROBERT
STREET ADDRESS 109 FAWN CT BOX 823
CITY-ST-ZIP ALTO MN

TITLE D ☐ Delete
NAME GYGER, TERRY
STREET ADDRESS 284 HARVARD ST #76
CITY-ST-ZIP CAMBRIDGE MA 02139

TITLE CD ☐ Delete
NAME NICHOLAS, DAVID
STREET ADDRESS 5856 VISTA LINDA
CITY-ST-ZIP BOCA RATON FL 33433

TITLE PD ☐ Delete
NAME THOMPSON, J ALLEN
STREET ADDRESS 16110 CASSIE PLACE NW
CITY-ST-ZIP POULSBO WA 98370

TITLE D ☐ Delete
NAME KOOISTRA, PAUL
STREET ADDRESS 1852 CENTURY PLAVE STE 201
CITY-ST-ZIP ATLANTA GA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME D Bland, James
STREET ADDRESS 1852 Century Place, Suite 205
CITY-ST-ZIP Atlanta, GA 30045

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

TITLE ☒ Change ☐ Addition
NAME D Gyger, Terry
STREET ADDRESS 30 East 37th Street, M-5
CITY-ST-ZIP New York City NY 10016

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE *Heleen D. Bland*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 360-593-1499

Date

Daytime Phone #