

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36894

1. Entity Name

THE CHURCH PLANTING CENTER, INC.

Principal Place of Business

16110 CASSIE PLACE NW
POULSBO WA 98370
US

Mailing Address

16110 CASSIE PLACE NW
POULSBO WA 98370
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

59-2992663

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

PEREZ, LYNWOOD C
1231 REFORMATION DRIVE, STE 105
OVIDO FL 32765

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

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

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

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

TITLE
NAME D
GYGER, TERRY
STREET ADDRESS 30 EAST 37TH STREET, M-5
CITY-ST-ZIP NEW YORK NY 10016 ☐ Delete

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

TITLE
NAME CD
BLAND, JAMES
STREET ADDRESS 1852 CENTURY PLACE SUITE 205
CITY-ST-ZIP ATLANTA GA 30346 ☐ Delete

TITLE
NAME D
NAME Bland, James
STREET ADDRESS 1700 North Brown Road, Suite 101
CITY-ST-ZIP Lawrenceville, GA 30043-8122 ☒ Change ☐ Addition

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

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

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

TITLE
NAME D
NAME Kooistra, Paul
STREET ADDRESS 1700 North Brown Road
CITY-ST-ZIP Lawrenceville, GA 30043-8122 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617(3)(b), 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 NAME OF REGISTERED AGENT OR DIRECTOR

1/24/02

360-598-1499

CR2E037 (9/01)