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

## **DOCUMENT # N38562**

1. Entity Name

CHRISTIAN COALITION OF FLORIDA, INC.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90047 003 \*\*\*\*61.25

				GOD WE THE				
Principal Place of Business 160 W EVERGREEN AVE SUITE 294 LONGWOOD FL 32750 US		Mailing Address PO BOX 520578 LONGWOOD FL 32752 US			20015898			
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		<del></del> .	4. FEi Number <b>59-3070887</b>			pplied For
Zip Country		Zip	Cou	intry	5. Certificate of Statu	us Desired	\$8.75 Ad Fee Require	ot Applicable
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent,			30	
	6. Name and Address of Current	Registered Agent		Name -	/. Name and Addres	ss of New Hegistered	Agent,	<u>. جبب.</u>
OSTALKIEWIEZ, JOHN 6000 S RIO GRANDE AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 201 ORLANDO FL 32809			į	City	FL Zip Code			le
SIGNATURE	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	and title if applicable. (NOT  9. Election Car  Trust Fund (	mpaign F	~ —	\$5.00 May Be Added to Fees	Make Chec Florida Depa	k Payable	to State
10.	OFFICERS AND DI	RECTORS /	11.		ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN	l 10
TITLE IAME TREET ADDRESS	D JAEB, LORENA 5458 HOPPNER AVE., #301	Delete	NAME	M	istine moo	re Aug	□ Change	Addition
DITY-ST-ZIP	ORLANDO FL			ET ADDRESS ST-ZIP	Couperal Couperal	FL 327	52	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	D NEAL, PATRICK 3711 CORTEX ROAD W SUITE 3 BRADENTON FA 34210	□ Delete		Joh	n Ostalkie W. Evergn	ewicz gen Ave	□ Change	44
ITLE IAME TREET ADDRESS	DC KARRER, MAX 5458 HORENER AVE, #301 ORLANDO PL	Delete	TITLE NAME STREE	-	W COSS	2 3274	☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	DEL GALLO STEVE 5458 HOPFNER AVE, #301 ORLANDO FL	Delete	TITLE NAME STREE		****		☐ Change	☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP	MELOON, WALTER N	Delete  Delete  Delete  Delete  Delete  Delete	TITLE NAME STREE	IT ADDRESS ST-ZIP	*****		☐ Change	Addition
ITLE DIAME TREET ADDRESS	John Dowless	☐ Delete	NAME	T ADDRESS			☐ Change	☐ Addition

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: X SANSATURE COREQUIRED

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