

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39094

1. Entity Name

WHOLE LOAF CHRISTIAN CENTER, INC. ✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90161 013 ****61.25

Principal Place of Business

2609 N CLEARLAKE RD
COCOA FL 32922

Mailing Address

2609 N CLEARLAKE RD
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3193679

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FADELY, ANTHONY B
2609 N CLEARLAKE RD
COCOA FL 32922

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
After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete
NAME FADELY, ANTHONY B
STREET ADDRESS 809 N. INDIAN RIVER DR.
CITY-ST-ZIP COCOA FL 32922

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

TITLE VD ☒ Delete
NAME RICHMOND, MICHAEL
STREET ADDRESS 2124 OTTERBEIN
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Change ☒ Addition
NAME V.D. DAVID COOPER
STREET ADDRESS 2600 LYNWOOD PI
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE D ☒ Delete
NAME RICHMOND, BARBARA
STREET ADDRESS 2124 OTTERBEIN
CITY-ST-ZIP COCOA FL 32926

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

TITLE TD ☐ Delete
NAME JEFFRIES, METRICE
STREET ADDRESS 209 MARTIN AVE
CITY-ST-ZIP COCOA FL 32922

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

TITLE SD ☐ Delete
NAME FADELY, VERA
STREET ADDRESS 809 INDIAN RIVER DR
CITY-ST-ZIP COCOA FL 32922

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:

Anthony B. Fadelly (ANTHONY B. FADELY)

7-10-00

321-631-1394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)