

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90033 044 ****61.25

DOCUMENT # N39094

1. Entity Name

WHOLE LOAF CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

2609 N CLEARLAKE RD
COCOA FL 32922

2609 N CLEARLAKE RD
COCOA FL 32922

00062638



DO NOT WRITE IN THIS SPACE

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

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 RAYMOND PENA
STREET ADDRESS 2124 OTTERBEIN AVE.
CITY-ST-ZIP COCOA, FL 32922

TITLE VD ☐ Delete
NAME COOPER, DAVID
STREET ADDRESS 2600 LYNWOOD PL
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☒ Change ☐ Addition
NAME Cooper, David
STREET ADDRESS 2600 Lynwood PL
CITY-ST-ZIP MERRITT Island, FL 32953

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

TITLE ☐ Change ☒ Addition
NAME AY MEE PENA
STREET ADDRESS 2124 OTTERBEIN AVE.
CITY-ST-ZIP COCOA FL 32922

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

TITLE ☐ Change ☒ Addition
NAME ANDERSON, BARBARA
STREET ADDRESS 5812 DEER TRAIL
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)