

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90093 029 \*\*\*\*70.00

**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

2. Principal Place of Business

3. Mailing Address

**2609 N CLEARLAKE RD.**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**COCOA, FL**

4. FEI Number

**59-3193679**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32922**

**BREVARD**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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 D ☐ Delete  
 NAME COOPER, DAVID  
 STREET ADDRESS 2600 LYNWOOD PL  
 CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☒ Change ☐ Addition  
 NAME **VP D**  
**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  
 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 **STD**  
**Fadely, Vera**  
 STREET ADDRESS **809 Indian River Dr.**  
 CITY-ST-ZIP **Cocoa, FL 32922**

TITLE VP ☒ Delete  
 NAME PENA, RAYMOND  
 STREET ADDRESS 2124 OTTERBEIN AVE.  
 CITY-ST-ZIP COCOA FL 32922

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

TITLE D ☒ Delete  
 NAME PENA, AYMEE  
 STREET ADDRESS 2124 OTTER BEIN AVE.  
 CITY-ST-ZIP COCOA FL 32922

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. Fadely** **ANTHONY B. FADELY** 9/10/02 321-631-1397

CR2E037 (4/02)