2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State **DOCUMENT # N39922** 1. Entity Name 02-03-2002 90025 029 ****70.00 CHRIST COMMUNITY CHURCH OF THE CHRISTIAN AND MIS SIONARY ALLIANCE OF BRADENTON, INCORPORATED Principal Place of Business 1803 57TH AVENUE W 1803 57TH AVENUE W. 14100 **BRADENTON FL 34207** BRADENTON FL 34207 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. X Applied For City & State City & State 4. FEI Number 23-7179655 Not Applicable Ζþ Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HUNTER, REV. JERRY W 5619 19TH ST. W. **BRADENTON FL 34207** City 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/0) ☐ Change ☐ Addition TITLE ☐ Delete TITLE SeNION HUNTER, REV. JERRY W NAME NAME PASTON 5619 19TH STREET W. STREET ADDRESS STREET ADDRESS BOARD ChAIRMAN CITY-ST-7IP CITY-ST-ZIP BRADENTON FL 34207 DT Change ☐ Addition ☐ Delete TITLE TITLE KISLING, OSCAR NAME NAME 6107 ROLLINS AVENUE W. STREET ADDRESS STREET ADORESS TREASUNEN CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP Addition IVEY, IS ANN ☐ Change Delete TITI F ПТЦЕ BENNER ELAINE 6903 COCONUT-GROVE CINCLE NAME NAME LAST-VU STREET ADDRESS 7221 ARCTURAS STREET ADDRESS SECRITARY ELLENTON, FL SARASOTA FL 34243 CITY-ST-7/P CHY-ST-ZIP Secret Change Addition ☐ Delete TITE F RITLE **BLEWS, AARON** NAME NAME HEAD 6620 WELLESLEY DRIVE STREET ADDRESS STREET ADDRESS TRUSTLE **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance TITLE ☐ Delete TITLE MALIF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-712 Change Addition ☐ Delete TELLE DITE NAME NAME STREET ADDRESS STREET ADDRESS

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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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP