2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N42296** Mar 02, 2000 8:00 am **Secretary of State** MCKEE LAKE ALLIANCE CHURCH OF THE CHRISTIAN AND 03-02-2000 90072 025 ****61.25 Principal Place of Business Mailing Address 5972 62ND AVE. NORTH 5972 62ND AVE. NORTH PINELLAS PARK FL 34665 PINELLAS PARK FL 33781-5406 3: Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2392404 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME (new address) Street Address (P.O. Box Number is Not Acceptable) JONES, FRANKLIN D 11194 111th Pl. 4860 47TH AVENUE, N Largo, Florida 33778 ST PETERSBURG FL 33714 City Zip Code 33778 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE NAME MARTIN, RICHARD NAME MYERS, WILLIAM A., JR. STREET ADDRESS STREET ADDRESS 10398 106TH AVENUE, NORTH 9790 66th St. N. #396 CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33773** PINELLAS PARK, FLORIDA <u> 33782</u> ☐ Addition Change XX Delete TITLE TITLE F. DALE JONES NAME NAME STREET ADDRESS STREET ADDRESS 4860 47TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33714 ☐ Change ☐ Addition TITLE □ Delete TITLE WILLIAM COLPITTS NAME NAME STREET ADDRESS STREET ADDRESS 9790 66TH ST N #274 CITY-ST-ZIE CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 e

Daytime Phone #