

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90013 028 ****61.25

DOCUMENT # N42296

1. Entity Name

MCKEE LAKE ALLIANCE CHURCH OF THE CHRISTIAN AND

Principal Place of Business

Mailing Address

5972 62ND AVE. NORTH
 PINELLAS PARK FL 34685

5972 62ND AVE. NORTH
 PINELLAS PARK FL 34685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2392404

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, FRANKLIN D
 11194 111TH PL K
 LARGO FL 33778

Name **William Colpitts**
 Street Address (P.O. Box Number is Not Acceptable)
9790 66th St. N. #274
 City **Pinellas Park FL** Zip Code **33782**

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 *William Colpitts* **William Colpitts** **2/8/01**
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 NAME	T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MARTIN, RICHARD	
CITY-ST-ZIP	10398 106TH AVENUE, NORTH LARGO FL 33773	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	WILLIAM COLPITTS	
CITY-ST-ZIP	9790 66TH ST N #274 PINELLAS PARK FL 33782	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	MYERS, WILLIAM A JR	
CITY-ST-ZIP	9790 66TH ST N 0396 PINELLAS PARK FL 33782	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Christy Bradshaw	
CITY-ST-ZIP	2226 Horan Way S. St. Petersburg, Fl. 33707	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William Colpitts* **William Colpitts** **2/8/01** (727) 546-0717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)