

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43997

Entity Name

CHRISTIAN VETERANS ASSOCIATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90135 036 ****70.00

Principal Place of Business

Mailing Address

SOUTH COPELAND ST
JACKSONVILLE FL 32204

P O BOX 8792
JACKSONVILLE FL 32279-0792

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3078720

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

BOYETT, FRED
10724 KARONGALE LANE
JACKSONVILLE FL 32225

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

LE ME REET ADDRESS Y-ST-ZIP	TD PAINTER, DEWEY E SR 84 KNIGHT BOX ROAD ORANGE PK FL	<input checked="" type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	SD WALKER, BEN 8004 GORDEAN RD JACKSONVILLE FL	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	PD BOYETT, FRED 10724 KARENGALE LANE JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	VO TOM SAPP 12751 OLD PLANK RD JACKSONVILLE FL 32220	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	VD TOM MUSICO PO BOX 61471 JACKSONVILLE FL 32234	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. PERSON <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/02 904 3077053

CR2E037 (9/01)