

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46386

1. Entity Name

COMMUNITY CHRISTIAN CHURCH OF SEBRING, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90109 038 \*\*\*\*70.00

|                                                                                                          |                                                                                                   |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>COMMUNITY CHRISTIAN CHURCH<br>3003 NEW LIFE WAY<br>SEBRING FL 33872<br>US | Mailing Address<br>COMMUNITY CHRISTIAN CHURCH<br>3003 NEW LIFE WAY<br>SEBRING FL 33872-3357<br>US |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

|                                                           |                                               |
|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|-----------------------------------------------------------|-----------------------------------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                                                                                            |                                                        |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3101846</b>                                                                         | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

6. Name and Address of Current Registered Agent

WOODARD, ROBERT E  
3003 NEW LIFE WAY  
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name: **Carlton Young**  
Street Address (P.O. Box Number is Not Acceptable): **3804 Cantoria Ave**  
**3804 Cantoria Ave**  
City: **Sebring, FL** Zip Code: **33872**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

|                                           |                                                                                                                        |                                                  |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>FILE NOW:</b><br><b>FEI IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Department of State</b> |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                               |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WOODARD, ROBERT E<br>1408 DUFFER ROAD<br>SEBRING FL 33872 <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRIGGS, HARRY<br>107 NORTH EGRET STREET<br>SEBRING FL 33872 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>RAY, KENNETH<br>429 EAST PALMER CIRCLE<br>AVON PARK FL 33825 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARNES, RONALD<br>4240 LAKE VISTA DRIVE<br>SEBRING FL 33872 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                           |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Carlton Young<br>3804 Cantoria Ave<br>Sebring, FL 33872 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Charles Perry<br>345 3rd Ave<br>Lake Placid FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Rick Connolly<br>509 Maravilla<br>Sebring, FL 33872 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |

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: Carlton Young **REQUIRED** 2/28/00 863-314-9713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)