

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N51352**

1. Entity Name

SUMMERFIELD CHRISTIAN REVIVAL CENTER, INC.**FILED****Feb 07, 2000 8:00 am**
Secretary of State

02-07-2000 90051 007 ****61.25

Principal Place of Business

Mailing Address

14500 S.E. 73RD AVENUE
SUMMERFIELD FL 34492C/O VICTOR E MULLIN, JR
P.O. BOX 153 14500 SE 73 AVE
SUMMERFIELD FL 34492-0153
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3150933

Applied For

Not Applicable

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

MULLIN, VICTOR E., JR.
14500 S.E. 73RD AVE.
SUMMERFIELD FL 34492

Name

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

City

FL

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.

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 \$61.259. 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P	MULLIN, VICTOR E., JR.	14500 S.E. 73RD AVE. SUMMERFIELD FL	<input type="checkbox"/>
	V	SANDERS, PRISCILLA J.	2310 N. ROLLING HILL RD. WILDWOOD FL	<input type="checkbox"/>
	ST	MULLIN, ESTHER M	14500 S.E. 73RD AVENUE SUMMERFIELD FL 34492	<input type="checkbox"/>
	D	MULLIN, JERRY E.	14500 S.E. 73RD AVE. SUMMERFIELD FL	<input type="checkbox"/>
	D	MULLIN, DANIEL E.	14500 S.E. 73RD AVE. SUMMERFIELD FL	<input type="checkbox"/>
	D	COLLIER, JAMES	102 S WARFIELD AVE WILDWOOD FL 34785	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: V. Victor E. Mullin Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/1/2000 352-347-5707
Date Daytime Phone #