

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N9200000028**

1. Entity Name  
**THE CHURCH OF IRON OAK, INC., ATC**



**FILED  
Feb 21, 2003 8:00 am  
Secretary of State**

02-21-2003 90160 003 \*\*\*\*61.25

Principal Place of Business

2027 MATTISON DR NE  
PALM BAY FL 32905-3441  
US

Mailing Address

P. O. BOX 060672  
PALM BAY FL 32906-0672

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **59-3145874**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

COLEMAN, JOHN R  
2027 MATTISON DRIVE NORTHEAST  
PALM BAY FL 32905-3941

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
LANEY, SUSANNAH M  
3257 BRENTWOOD LANE  
MELBOURNE FL 32934

Delete

**11.**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
COLEMAN, JOHN R JR  
2027 MATTISON DR. N.E.  
PALM BAY FL 32905

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
DAVIS, PIERRE C REV  
48631 RIVER PARK DRIVE  
INDEX WA 98256

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  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: *[Signature]* **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR

2/18/03

(321)724-6873  
(321)729-3247

CR2E037 (10/02)