

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001659

1. Entity Name

EAST MARION AVENUE CHURCH OF CHRIST, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90017 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

353 EAST MARION AVE.  
 PUNTA GORDA FL 33950

353 EAST MARION AVE.  
 PUNTA GORDA FL 33950-3723



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CHURCH OF CHRIST

3. Mailing Address

P.O. Box 511069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33950

Zip

Country

33950

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

MEADOWS, VERNON  
 353 EAST MARION AVE.  
 PUNTA GORDA FL 33950

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

*Vernon Meadows*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-00

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  Delete  
 NAME MEADOWS, VERNON  
 STREET ADDRESS 26148 GLASGOW AVE  
 CITY-ST-ZIP PUNTA GORDA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME MEADOWS, GARY  
 STREET ADDRESS 26148 GLAGOW AVE  
 CITY-ST-ZIP PUNTA GORAD FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME OUTCAST, NATHANIEL  
 STREET ADDRESS 337 JOEL BLVD. 6223  
 CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME HAROLD CARMICHAEL  
 STREET ADDRESS 4158 TAMMAM-TRAIL  
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME ERNEST BROWN  
 STREET ADDRESS 21362 GIA OIS FIVE  
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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)(f), 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:

*Vernon Meadows*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 941-505-2368

Date

Daytime Phone #

CR2E037 (9/99)