

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90206 006 ****61.25

DOCUMENT # N93000001659

1. Entity Name

EAST MARION AVENUE CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

**CHURCH OF CHRIST
 PUNTA GORDA FL 33950**

**P.O. BOX 511069
 PUNTA GORDA FL 33951**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**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 C Meadows

1-21-02

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	MEADOWS, VERNON	
STREET ADDRESS	26148 GLASGOW AVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEADOWS, GARY	
STREET ADDRESS	26148 GLAGOW AVE	
CITY-ST-ZIP	PUNTA GORAD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARMICHAEL, HAROLD	
STREET ADDRESS	4158 TAMIAAMI TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, ERNEST	
STREET ADDRESS	21362 61 A O'S FIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Vernon C Meadows

1-21-02 941-505-2368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)