

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

DOCUMENT # N93000004110

1. Entity Name

International Church of Christ Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 18 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1718 N Goldenrod Rd

3. Mailing Address

711 Heaton Ave NW

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Orlando FLA

City & State

Palm Bay FLA

Zip

32807 Orange

Zip

32907

Country

Brevard

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

MRB

4. FEI Number

593204983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Dewayne Hines

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

1316 32nd St. West

City

Bradenton

FL

Zip Code

34205

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

Dewayne Hines D. Hines

8-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	J.T. Hines (Pres/Secretary)
NAME	J.T. Hines
STREET ADDRESS	711 Heaton Ave NW
CITY-ST-ZIP	Palm Bay FL 32907
TITLE	SARA Hines (V. Pres)
NAME	SARA Hines
STREET ADDRESS	711 Heaton Ave NW
CITY-ST-ZIP	Palm Bay FL 32907
TITLE	
NAME	
STREET ADDRESS	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

J.T. Hines

8-28-03 (321) 952-2192

CR2E037B (12/02)