

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

0000765

DOCUMENT # N93000005410

1. Entity Name

CHRIST CHURCH, ST. AUGUSTINE, INCORPORATED

04-16-2002 90063 008 ****61.25

Principal Place of Business

Mailing Address

**CHRIST CHURCH
 1725 MASTERS DRIVE, UNIT 2
 ST. AUGUSTINE FL 32095
 US**

**CHRIST CHURCH
 1725 MASTERS DRIVE, UNIT 2
 ST. AUGUSTINE FL 32095
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3244600

Applied For

Not Applicable

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

**FLEMING, TIMOTHY
 26 ANDERSON STREET
 SAINT AUGUSTINE FL 32095**

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 \$61.25

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 **PD** ☒ Delete
 NAME **SINK, THOMAS L**
 STREET ADDRESS **19 FERRY PL**
 CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **PD** ☐ Change ☒ Addition
 NAME **MARY L. Langley**
 STREET ADDRESS **142 Pompano Road**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **ST** ☐ Delete
 NAME **FLEMING, TIMOTHY**
 STREET ADDRESS **26 ANDERSON ST**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **John C. Jeffery**
 STREET ADDRESS **379 TRAVINO AVENUE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **D** ☒ Delete
 NAME **TIEMANN, WILLIAM R**
 STREET ADDRESS **237 NORTH BLVD**
 CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **D** ☐ Change ☒ Addition
 NAME **JAMES DONALSON**
 STREET ADDRESS **15 Willow Drive**
 CITY-ST-ZIP **ST. AUGUSTINE Beach FL 32080**

TITLE **D** ☒ Delete
 NAME **POWELL, NANCY**
 STREET ADDRESS **40 JOHN STREET**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(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:

Timothy W. Fleming
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-2002

(904) 238-1372

Date

Daytime Phone #

CR2E037 (9/01)