

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90024 044 ****61.25

DOCUMENT # N94000003166

1. Entity Name

NORTH LEVY COUNTY CHRISTIAN COALITION, INC.

Principal Place of Business

151 N YOUNG BLVD
 CHIEFLAND FL

Mailing Address

POST OFFICE BOX 74
 CHIEFLAND L 32644
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Chiefland FL

4. FEI Number

59-3251941

Applied For

Not Applicable

Zip

Country

32626

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

BEAUCHAMP, W O III
 19 NE 3RD STREET
 CHIEFLAND FL 32626

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 QUINCEY, JACK
 STREET ADDRESS 11650 NW 70TH AVENUE
 CITY-ST-ZIP CHIEFLAND FL

TITLE PD ☒ Change ☐ Addition
 NAME MELCHIOR, JUANITA S.
 STREET ADDRESS 10251 NE 92 PL
 CITY-ST-ZIP BRONSON FL 32621

TITLE VD ☐ Delete
 NAME WHISTLER, MIKE
 STREET ADDRESS 7433 NW 147TH PLACE
 CITY-ST-ZIP TRENTON FL 32693

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

TITLE TD ☐ Delete
 NAME BEAUCHAMP, W O III
 STREET ADDRESS 551 NE 120TH STREET
 CITY-ST-ZIP CHIEFLAND FL 32626

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

TITLE SD ☐ Delete
 NAME RICHBURG, CATHERINE D.
 STREET ADDRESS 10991 NW 88TH TERRACE
 CITY-ST-ZIP CHIEFLAND FL 32626

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: Juanita S Melchior
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-

4-30-01 486-1152

CR2E037 (10/00)