

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003166

1. Entity Name

NORTH LEVY COUNTY CHRISTIAN COALITION, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91500 021 ****61.25

Principal Place of Business

Mailing Address

151 N YOUNG BLVD
CHIEFLAND FL 32626

POST OFFICE BOX 74
CHIEFLAND FL 32644
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3251941

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

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 MELCHOR, JUANITA S
STREET ADDRESS 10251 NE 92 PL
CITY-ST-ZIP BRONSON FL 32621

TITLE ☒ Change ☐ Addition
NAME MELCHOR, JUANITA S
STREET ADDRESS
CITY-ST-ZIP

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 STRANGE, MARIE
STREET ADDRESS 8951 NW 40 ST
CITY-ST-ZIP CHIEFLAND, FL 32626

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

TITLE ☐ Change ☒ Addition
NAME VACANT
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 Melchior Juanita Melchior 5-1-02 352 2227/81
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)