

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 94000003188*

1. Entity Name

CHRISTIAN MARK PERRY FOUNDATION, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90172 036 ****61.25

Principal Place of Business

*1301 OAK FOREST DRIVE
ORMOND BEACH, FL.
32174*

Mailing Address

*P.O. Box 1622
ORMOND BEACH, FL.
32175*

2. Principal Place of Business

*1301 OAK FOREST DRIVE
Suite, Apt. #, etc.*

3. Mailing Address

*P.O. Box 1622
Ormond Beach, FL.*

City & State

*Ormond Beach, FL
32174*

City & State

32175

4. FEI Number

59-3267969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*William T. Moore
1301 OAK FOREST DRIVE
Ormond Beach, FL. 32174*

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

*PDC
MOORE William T. III
1301 OAK FOREST DRIVE
Ormond Beach, FL 32174*

TITLE ☐ Delete

*VD
SKUDA KRISTY
4421 S. ATLANTIC AVE B-8
PONCE INLET, FL 32127*

TITLE ☐ Delete

*TD
JUDITH M. RICHARDSON
14 RISING MOON TRAIL
Ormond Beach, FL 32174*

TITLE ☐ Delete

*SD
THOMAS PAMELA J.
1621 JOHN ANDERSON DRIVE
Ormond Beach, FL*

TITLE ☐ Delete

*D
MAHER, Rev. Joseph A.
80 Bluebird Lane
Ormond Beach, FL 32174*

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

William T. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-01

Date

(386) 252-7695

Daytime Phone #

CR2E037 (11/00)