

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003188

1. Entity Name

CHRISTIAN MARK PERRY FOUNDATION, INC.

FILED

Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90024 048 ****61.25

Principal Place of Business

Mailing Address

1301 OAK FOREST DRIVE
ORMOND BEACH FL 32174
US

PO BOX 1622
ORMOND BEACH FL 32175
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

59-3267969

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

MOORE, WILLIAM T
1301 OAK FOREST DRIVE
ORMOND BEACH FL 32174

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 PDC ☐ Delete
NAME MOORE, WILLIAM T III
STREET ADDRESS 1301 OAK FOREST DR
CITY-ST-ZIP ORMOND BCH FL

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

TITLE VD ☐ Delete
NAME SKUDA, KRISTY
STREET ADDRESS 4421 S ATLANTIC AVE B-8
CITY-ST-ZIP PONCE INLET FL 32127

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

TITLE TD ☐ Delete
NAME RICHARDSON, JUDITH M.
STREET ADDRESS 14 RISING MOON TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE SD ☐ Delete
NAME THOMAS, PAMELA J.
STREET ADDRESS 1621 JOHN ANDERSON DR
CITY-ST-ZIP ORMOND BY THE SEA FL

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

TITLE D ☐ Delete
NAME MAHER, REV. JOSEPH A.
STREET ADDRESS 80 BLUEBIRD LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02 (386)258-0309

Date

Daytime Phone #

CR2E037 (9/01)