

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N94000003326

1. Entity Name

CHRISTIAN COALITION FOUNDATION OF FLORIDA, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

04-11-2000 90041 010 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 560219
ORLANDO FL 32856

P.O. BOX 560219
ORLANDO FL 32752-0578

2. Principal Place of Business

3. Mailing Address

160 W. Evergreen Ave
Suite, Apt. #, etc.
Suite 294

P.O. Box 520578
Suite, Apt. #, etc.

City & State
Longwood, FL

City & State
Longwood, FL

Zip
32750

Country
USA

Zip
32752

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3254488

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

DOWLESS, JOHN
5458 HOFFNER AVE
STE 301
ORLANDO FL 32812

Name ~~Dowless, John~~ West, Bob
Street Address (P.O. Box Number is Not Acceptable)
160 W. Evergreen Ave.
Suite 294
City Longwood FL Zip Code 32750

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] 4-17-00
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	MD	<input type="checkbox"/> Delete
NAME	DOWLESS, JOHN	
STREET ADDRESS	5458 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO FL 32856	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARRER, MAX C	
STREET ADDRESS	5458 HOFFNER AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32856	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, J	
STREET ADDRESS	5458 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO FL 32856	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dowless, John	
STREET ADDRESS	160 W. Evergreen Ave, Suite 294	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karrer, Max C	
STREET ADDRESS	160 W. Evergreen Ave, Suite 294	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stokes, J	
STREET ADDRESS	160 W. Evergreen Ave, Suite 294	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] 3/30/00 407-834-3440
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (9/99)