

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90046 019 ****61.25

DOCUMENT # N94000003577

1. Entity Name

**THE OCEANSIDE EVANGELICAL FREE CHURCH OF SATELLI
 TE BEACH, FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

**305 CASSIA BLVD.
 SATELLITE BEACH FL 32937**

**P.O. BOX 372364
 SATELLITE BEACH FL 32937
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1876276

Applied For

Not Applicable

Zip

Country

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

**ROWLAND, CHARLES R
 2701 BARROW ROAD
 MERRITT ISLAND FL 32952**

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

ProCure #4108 3/12/02

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 Delete
 NAME **P ROWLAND, CHARLES R**
 STREET ADDRESS **2701 BARROW DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RAYMOND, HANK**
 STREET ADDRESS **422 DOVE LANE**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D FRAZIER, JESSE**
 STREET ADDRESS **320 GLENWOOD AVE**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CHASE, CHARLES**
 STREET ADDRESS **6928-D SONNY DALE DR**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD DUNCAN, LEONARD**
 STREET ADDRESS **3972 SNOWY EGRET DR**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JOHNSON, DON**
 STREET ADDRESS **340 BAYHEAD DR**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE Change Addition
 NAME **D NARVAEZ, BEN**
 STREET ADDRESS **1775 Crane Creek Blvd.**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

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: *Hank Raymond* **HANK RAYMOND**

3/12/02

777-1658

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)