

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90072 040 ****61.25

DOCUMENT # N94000005631

1. Entity Name

~~CHRIST FIRST CHURCH OF CENTRAL FLORIDA, INC.~~
Koinonia Ministries of Central Florida

Principal Place of Business

5376 SILVER STAR ROAD
 ORLANDO FL 32808
 US

Mailing Address

5376 SILVER STAR ROAD
 ORLANDO FL 32808
 US

2. Principal Place of Business

3. Mailing Address

6864 Silver Star Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

City & State

4. FEI Number

59-3249008

Applied For

Not Applicable

Zip

32818

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONROE, JAMES C
 5804 WESTBURY DR
 ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name *A. L. Helligar*
 Street Address (P.O. Box Number is Not Acceptable) *7121 Laurel Hill Drive*
 City *Orlando* FL Zip Code *32818*

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

A. L. Helligar, Senior Pastor / President

(NOTE: Registered Agent signature required when reinstating)

01-15-01

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHATMAN, MICHAEL B	NAME	JAMES C. MONROE
STREET ADDRESS	119 ESTATES CIRCLE	STREET ADDRESS	5804 WESTBURY DR.
CITY-ST-ZIP	LAKE MARY FL 32746	CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	X <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASHINGTON, WILLIE L	NAME	MICHAEL MAGEE
STREET ADDRESS	4942 CENTER LANE	STREET ADDRESS	2863 S. CONWAY RD #216
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	ORLANDO, FL 32802
TITLE	D <input type="checkbox"/> Delete	TITLE	X <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, VINCENT SR.	NAME	JOAN GARDINER
STREET ADDRESS	6407 LOST TREE LANE	STREET ADDRESS	2711 WOODBRIDGE RD.
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D <input type="checkbox"/> Delete	TITLE	X <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, WILLIE D	NAME	JAMES CAINES
STREET ADDRESS	2817 W CONCORD ST	STREET ADDRESS	7324 OAK MEADOW CIR.
CITY-ST-ZIP	ORLANDO FL 32805	CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DARRYL COOLEY
STREET ADDRESS		STREET ADDRESS	2783 SPRINGFIELD DR.
CITY-ST-ZIP		CITY-ST-ZIP	OCOCHEE, FL 34761
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Michael B. Chatman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/01
 Date

407-648-6814
 Daytime Phone #

CR2E037 (10/00)