

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002138

1. Entity Name

IN HIS IMAGE: A CHRISTIAN SACRED DANCE MINISTRY,

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90259 004 ****61.25

Principal Place of Business *CORNERSTONE CHRISTIAN CENTER*
~~2183 LOGAN STREET~~
~~CLEARWATER FL 33765~~
317 MILWAUKEE AVE
DUNE DR, FL 34698

Mailing Address
~~2183 LOGAN STREET~~
~~CLEARWATER FL 34625~~
P.O. Box 486
PALM HARBOR FL 34698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3326010		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEYER, JANET E
~~2183 LOGAN STREET~~
~~CLEARWATER FL 34625~~
186 EARL ST.
TARPON SPRING FL.
34689

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, JANET E		NAME		
STREET ADDRESS	<i>186 EARL ST</i>		STREET ADDRESS		
CITY-ST-ZIP	2183 LOGAN ST CLEARWATER FL 33765 <i>TARPON SPRING FL. 34689</i>		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SUSAN W		NAME		
STREET ADDRESS	<i>349 HIGHLAND RD</i>		STREET ADDRESS		
CITY-ST-ZIP	2183 LOGAN ST CLEARWATER FL 33765 <i>TARPON SPRING FL. 34689</i>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CRYSTAL		NAME		
STREET ADDRESS	<i>2039 PEMBERTON RD</i>		STREET ADDRESS		
CITY-ST-ZIP	2183 LOGAN ST CLEARWATER FL 33765 <i>NEW PORT RICHEY FL. 34655</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input 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:

Janet E Beyer Director

5/1/01 443-2133

CR2E037 (10/00)