

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90057 014 ****61.25

DOCUMENT # N95000005435

1. Entity Name

PARROTT AVE CHRISTIAN CHURCH, INC.



Principal Place of Business

**8082 W HWY 70
OKEECHOBEE FL 34974**

Mailing Address

**P.O. BOX 1785
OKEECHOBEE FL 34973
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 **65-0525021**

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

**KEENE, WILLIAM S SR
208 N PARROTT AVE
OKEECHOBEE FL 34974**

Name

John Kirsch

Street Address (P.O. Box Number is Not Acceptable)

106 N.E. 8th St

Okeechobee, Fla.

City

FL

Zip Code

34972

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Kirsch

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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	MORGAN, CALVIN	
STREET ADDRESS	3402 SE 18TH TERR	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	BRUNER, ARMSTER	
STREET ADDRESS	13 6TH STREET BHR	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TST	<input checked="" type="checkbox"/> Delete
NAME	KEENE, WILLIAMS S SR	
STREET ADDRESS	208 N PARROTT AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE ELDER	JOHN KIRSCH	<input type="checkbox"/> Delete
NAME	JOHN KIRSCH	
STREET ADDRESS	106 N.E. 8th St	
CITY-ST-ZIP	Okeechobee, Fla. 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

CR2E037 (4/03)