

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90008 044 ****70.00

DOCUMENT # N96000003663

1. Entity Name

COMMUNITY CHURCH OF ALVA INC.

Principal Place of Business

Mailing Address

**23060 RAILROAD AVENUE
 ALVA FL 33920**

**23170 AVE B
 ALVA FL 33920-4105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0714321

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

**CHRISTMAS, WILLIE
 23201 AVENUE B
 ALVA FL 33920**

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	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, GEORGIE	
STREET ADDRESS	23070 RAILROAD AVE	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BROWN, GUSSIE	
STREET ADDRESS	23150 AVE C	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DTR	<input type="checkbox"/> Delete
NAME	BAPTISTE, PATRICIA	
STREET ADDRESS	23190 AVE A	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHRISTMAS, WILLIE	
STREET ADDRESS	23170 AVE B	
CITY-ST-ZIP	ALVA FL 33920-4105	
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	DV Joseph Redmon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23020 Ave. B	
STREET ADDRESS	Alva Fla. 33920	
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
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: *Willie Christmas* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-2000 941 288 3600

CR2E037 (9/99)