2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # **N96000004406** 1. Entity Name CHRIST THE KING C.E.C. INC. 04-02-2002 90042 049 ****61.25 Mailing Address Principal Place of Business 2105 PALM BAY RD., N.E. 2105 PALM BAY RD.. N.E. PALM BAY FL 32905 PALM BAY FL 32905 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 59-3390624 Not Applicable Zip Country . Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) INGRAM, ROSCOE D 2323 APACHE DR MELBOURNE FL 32935 City 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. 3-20-02 SIGNATURE ped or printed name of registered agent and title it applicable. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE, NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State DVP OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DYP DT TITI F 🔀 Delete TITI F M Addition Lenora Kippeny 2d HEISS, LYNN S. NAME NAME STREET ADDRESS 426 BEAUREGARD AVE. N.E. STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-ZIP 329<u>34</u> Melbourne DS TITLE ☐ Delete TITLE SARABLE Ingra ☐ Change ☐ Addition WOODMANSEE, JASON NAME NAME STREET ADDRESS 6520 SOUTH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32904 TITLE ☐ Delete DVD TITI F Change **X** Addition NAME INGRAM, ROSCOE D. NAME SAPAMAE Ingram 2323 APACHE DRIVE STREET ADDRESS STREET ADDRESS 2323 Apache Dr. CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP melbourne FL 32935 Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition 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.

3-20-02

321-254-2204