

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90123 016 ****70.00

DOCUMENT # N96000004543



1. Entity Name
PROGRESSIVE UNITED CHRISTIAN CENTER, INC.

Principal Place of Business
**11228 SW WILLISTON ROAD
MICANOPY FL 32667**

Mailing Address
**11228 SW WILLISTON ROAD
MICANOPY FL 32667**

00004000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number **APPLIED FOR**
59-32667-110

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

**STEWART, LIZZIE
11228 SW WILLISTON ROAD
MICANOPY FL 32667**

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

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 **\$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 | CDF | <input type="checkbox"/> Delete |
| NAME | WILEY, THAD JR | |
| STREET ADDRESS | 11228 SW WILLISTON ROAD | |
| CITY-ST-ZIP | MICANOPY FL 32667 | |
| TITLE | CDT | <input type="checkbox"/> Delete |
| NAME | PETERSON, ANTHONY | |
| STREET ADDRESS | 11228 SW WILLISTON ROAD | |
| CITY-ST-ZIP | MICANOPY FL 32667 | |
| TITLE | PFD | <input type="checkbox"/> Delete |
| NAME | STEWART, LIZZIE | |
| STREET ADDRESS | 11228 SW WILLISTON ROAD | |
| CITY-ST-ZIP | MICANOPY FL 32667 | |
| TITLE | ESD | <input type="checkbox"/> Delete |
| NAME | WASHINGTON, FRANK | |
| STREET ADDRESS | 11228 SW WILLISTON ROAD | |
| CITY-ST-ZIP | MICANOPY FL 32667 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | HERRING, CARRIE | |
| STREET ADDRESS | 11228 SW WILLISTON ROAD | |
| CITY-ST-ZIP | MICANOPY FL 32667 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HERRING, ALAMARIE | |
| STREET ADDRESS | 11228 SW WILLISTON ROAD | |
| CITY-ST-ZIP | MICANOPY FL 32667 | |

| | | |
|----------------|-------------------------|--|
| TITLE | EVANGELIST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALLEN, GABRIEL M | |
| STREET ADDRESS | 110 S.W. 7th Street | |
| CITY-ST-ZIP | MICANOPY, FLORIDA 32667 | |
| TITLE | Wife in Law - on Board | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALLEN GABRIEL M | |
| STREET ADDRESS | 110 S.W. 7th Street | |
| CITY-ST-ZIP | MICANOPY, FLORIDA 32667 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (10/02)

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 LIZZIE STEWART 3/31/2003/359-398-1309**

90064335

Attachment #
1128 S.W. Williston Road
Micanopy, Florida 32667-3181
N96000004543

Division of Corporations
Uniform Business Report Filings

P.O. Box 1500

Tallahassee, Florida 32302-1500

Dear Uniform Business Report Filings:
These are the physical addresses of the
following people:

Wikeg, THAD JR — CDF
4208 S.W. 108th AVENUE

MICANOPY, FLORIDA 32667

PETERSON, ANTHONY — CDF
5422 S.W. 55th STREET
MICANOPY, FLORIDA 32667

WASHINGTON, FRANK — ESD
12405 S.W. 6th TERRACE
MICANOPY, FLORIDA 32667

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N96000004543

HERRING, CARRIE - DS
306 N.E. BAY AVENUE
Micanopy, Florida 32667

HERRING, ALPAMARIE - DIRECTOR/MANAGER
OF CAFETERIA
306 N.E. BAY AVENUE
Micanopy, Florida 32667

My Address Remains the Same ~~and the~~

Stewart Lizzie - PFD
11228 S.W. WILKINSON ROAD
Micanopy, Florida 32667

Yours w/Trust & Respect,
(Bishop) Lizzie Stewart

P.S. The Church is Not Completed yet,
Even though when it is finished no one will
be able to sit all of it out.