2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N96000006259** Apr 05, 2000 8:00 am Secretary of State CHRISTIAN DISCIPLES CHURCH INC. 04-05-2000 90055 036 ****70.00 Principal Place of Business Mailing Address 5205 DAVID AVE 17064 9TH ST W **SARASOTA FL 34234-2809 BRADENTON FL 34205** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0713715 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PRUNA. ROBERT 5205 DAVID AVE SARASOTA FL 34234 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE NAME NAME Pruna. Robert STREET ADDRESS 5205 DAVID AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Change ☐ Addition TITLE TD ☐ Delete TITLE NAME **CURRY, LOUISE** NAME STREET ADDRESS STREET ADDRESS 5205 DAVID AVE CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34234 ☐ Change ☑ Delete Addition TITLE SD TITLE NAME **BUFFI, CAROL** NAME 5310 14TH ST W LOT #105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34207 V/S/D X Change ☐ Addition TITLE Delete TITLE CROSBY, JANETTE NAME CROSBY, JEANETTE NAME STREET ADDRESS 3214 4TH ST E STREET ADDRESS 3214 4TH ST E CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** BRADENTON FL #\$ 34208 X Addition Detete TITLE ☐ Change DDE PREVOST, CHERISH NAME 6465 30TH ST S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 ☐ Change X Addition ☐ Delete TITLE TITLE NAME MORGAN CROSBY NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

3214 4TH ST E

BRADENTON FL 34208

SIGNATURE: Resident Pairs Pair