

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90232 008 \*\*\*\*70.00

DOCUMENT # N97000000565

1. Entity Name

Easley & Associates Christian Development, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

511 Clear Lake Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0723381

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Olivia E. Easley

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

511 Clear Lake Ave

City

West Palm Beach FL

Zip Code

33401

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25**

**Initial or Amended UBR**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Easley, Olivia E D.P.  
511 Clear Lake Ave.  
West Palm Beach, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Smith, Denise D.V.S.  
511 Clear Lake Ave.  
West Palm Beach, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Floyd, Patrice M. D.T.  
4496 Mattydale Dr  
Tallahassee, FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Ricks, Charles Dm.  
1109 N. Australian Ave  
West Palm Beach, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Patrice Floyd, Patrice Floyd

4/29/02

850-671-4092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)