FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N9700000699 1. Entity Name 04-30-2001 90381 047 ****61.25 CHRISTIAN CITY CHURCH, INC. Principal Place of Business Mailing Address PO BOX 272416 6204 PICADILLY CT FACCCAN TAMPA FL 33614 **TAMPA FL 33614** US. US Principal Place of Business 3. Mailing Address ANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3476506 AMPA Not Applicable 3^{2ip} 3688 Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLER, ROBERT **6204 PICADILLY CT APT 261** 336<u>24</u> **TAMPA FL 33614** 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. 04-73.01 SIGNATURE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE KELLER, ROBERT KELLER, ROBERT NAME NAME 15704 WOODCOCK PL. STREET ADDRESS 6204 PICADILLY CT #261 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33614** CITY-ST-ZIP TAMPA FL 33624 D TITLE TITLE ☐ Delete Change Addition KELLER, LISA KELLER, LISA NAME 15704 WOOO COCK PL. STREET ADDRESS 6204 PICADILLY CT #261 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33614** CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KELSEY, MARK NAME STREET ADDRESS 14 LEWIS ST. STREET ADDRESS CHY-ST-7IP AVALON NSW 2107 AUSTRALIA CITY-ST-7IP TITLE ☐ Delete TITLE Change Change ☐ Addition VENTILATO, TONY NAME NAME STREET ADDRESS 29547 BIRDS EYE DRIVE STREET ADDRESS CITY-ST-7IP **WESLEY CHAPEL FL 33543** CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.23.01

(813)908-1165

Daytime Phone #