

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002927

1. Entity Name

COLOSSIAN COMMUNITY CHURCH, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90066 009 ****61.25

Principal Place of Business

Mailing Address

6154 TUSCONY CIR.
JACKSONVILLE FL 32277

6154 TUSCONY CIR.
JACKSONVILLE FL 32277-2052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3464467

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

MCNISH, ANTHONY J
6154 TUSCONY CIR.
JACKSONVILLE FL 32277

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.

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MCNISH, ANTHONY J
STREET ADDRESS 6154 TUSCONY CIR.
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HILL, ALVIN
STREET ADDRESS 2946 BOARDWAY AVE.
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Delete

TITLE TD
NAME Vanetia C. mores-mcnish
STREET ADDRESS 6154 Tuscony Circle
CITY-ST-ZIP Jacksonville, FL 32277 ☐ Change ☒ Addition

TITLE SD
NAME HARRIS, CORRIE
STREET ADDRESS 1591 W. 12 ST.
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Anthony J. McNish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 744-8138

CR2E037 (9/99)