

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000005394

FILED  
Jan 17, 2003  
Secretary of State

**Entity Name:** CHARLOTTE CHRISTIAN ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

4121 ROSE ARBOR CIRCLE  
PORT CHARLOTTE, FL 33948 US

**New Principal Place of Business:**

**Current Mailing Address:**

4121 ROSE ARBOR CIRCLE  
PORT CHARLOTTE, FL 33948 US

**New Mailing Address:**

**FEI Number:** 57-1064146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OAKS, DAVID K ESQ  
252 WEST MARION AVENUE  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARNETT, ANGELA  
Address: 1219 SLASH PINE CIRCLE, APT #122  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: REINECK, GABRIELLE  
Address: 244 FERDON CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VS ( ) Delete  
Name: ZARIFIS, JASON  
Address: 10438 DEERWOOD ST  
City-St-Zip: ENGLEWOOD, FL 34224

Title: P ( ) Delete  
Name: REHFELDT, MICHAEL A  
Address: 4121 ROSE ARBOR CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T ( ) Delete  
Name: SANDERS, KIM  
Address: 2911 CARIBBEAN DR.  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D ( ) Delete  
Name: ROSE, DWIGHT  
Address: 2095 HANBY STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. REHFELDT

P

01/17/2003

Electronic Signature of Signing Officer or Director

Date