

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000508

1. Entity Name

FLORIDA CENTRAL YOUTH MINISTRIES, INC.

Principal Place of Business

Mailing Address

5583 LIGHTHOUSE ROAD
ORLANDO FL 32808

5583 LIGHTHOUSE ROAD
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3490941

Applied For
Not Applicable

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

HODGES, GEORGE
250 CR-427 SOUTH
SUITE 116
LONGWOOD FL 32750

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 NAME ☐ Delete
D CHANLEY, NITA A
STREET ADDRESS 5583 LIGHTHOUSE ROAD
CITY-ST-ZIP ORLANDO FL 32808

TITLE NAME ☐ Change ☒ Addition
D REV. GEORGE BELLMANY
STREET ADDRESS 119 OAK AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE NAME ☐ Delete
D COOK, PATRICIA
STREET ADDRESS 1419 E OAK PLACE
CITY-ST-ZIP APOPKA FL 32712

TITLE NAME ☒ Change ☐ Addition
COOK, PATRICIA
STREET ADDRESS 1419 OAK PLACE APT. E
CITY-ST-ZIP APOPKA, FL 32712

TITLE NAME ☐ Delete
D GRAHAM, DAISY
STREET ADDRESS 213 W TILDEN ST
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE NAME ☒ Delete
D TINA GILLIAM
STREET ADDRESS 7758 REGAL PINE LANE
CITY-ST-ZIP ORLANDO, FL 32810

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

TITLE NAME ☒ Delete
D
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☒ Delete
D REV. SCOTT LEE
STREET ADDRESS 1307 BOB CAT CT.
CITY-ST-ZIP APOPKA, FL 32712

TITLE NAME ☐ Change ☐ Addition
D
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: NITA A Chanley

4-10-02 (407)297-1353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)