

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000848

1. Entity Name

FRIENDS OF THE CHURCHES OF CHRIST, INC.

Principal Place of Business

1511 EAST ORANGE AVENUE
EUSTIS FL 32726

Mailing Address

1511 EAST ORANGE AVENUE
EUSTIS FL 32726-4323

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

59-3606146

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

MEANS, W. VERNON
1511 EAST ORANGE AVENUE
EUSTIS FL 32726

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 P ☐ Delete
NAME GRINNELL, CHARLES E
STREET ADDRESS P.O. BOX 354 N/A
CITY-ST-ZIP ZELLWOOD FL 32798

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

TITLE VP ☐ Delete
NAME MEANS, W. VERNON
STREET ADDRESS 2080 WESTLAND ROAD
CITY-ST-ZIP MOUNT DORA FL 32757

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

TITLE T ☐ Delete
NAME COLE, JACK ALLEN
STREET ADDRESS 37101 OAK LANE
CITY-ST-ZIP UMATILLA FL 32785

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

TITLE D ☐ Delete
NAME BARKER, MELVIN C
STREET ADDRESS ROUTE 21, BOX 4023
CITY-ST-ZIP LAKE CITY FL 32024

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

TITLE D ☐ Delete
NAME BOYD, ORVEL H
STREET ADDRESS 34514 HAMMOND LN
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE D ☐ Delete
NAME CHASTAIN, L B
STREET ADDRESS 1440 CLARCONA-OCOEE RD
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90143 044 ****61.25