

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90323 017 \*\*\*\*61.25

**DOCUMENT # N98000000848**

1. Entity Name

**FRIENDS OF THE CHURCHES OF CHRIST, INC.**

Principal Place of Business

Mailing Address

1511 EAST ORANGE AVENUE  
EUSTIS FL 327261511 EAST ORANGE AVENUE  
EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

1-29-01

**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**TITLE **P** ☐ Delete
**NAME GRINNELL, CHARLES E**  
**STREET ADDRESS P.O. BOX 354 N/A**  
**CITY-ST-ZIP ZELLWOOD FL 32798**
TITLE **VP** ☐ Delete
**NAME MEANS, W. VERNON**  
**STREET ADDRESS 2080 WESTLAND ROAD**  
**CITY-ST-ZIP MOUNT DORA FL 32757**
TITLE **T** ☐ Delete
**NAME COLE, JACK ALLEN**  
**STREET ADDRESS 37101 OAK LANE**  
**CITY-ST-ZIP UMATILLA FL 32785**
TITLE **D** ☐ Delete
**NAME BARKER, MELVIN C**  
**STREET ADDRESS ROUTE 21, BOX 4023**  
**CITY-ST-ZIP LAKE CITY FL 32024**
TITLE **D** ☐ Delete
**NAME BOYD, ORVEL H**  
**STREET ADDRESS 34514 HAMMOND LN**  
**CITY-ST-ZIP EUSTIS FL 32726**
TITLE **D** ☐ Delete
**NAME CHASTAIN, L B**  
**STREET ADDRESS 1440 CLARCONA-OCOEE RD**  
**CITY-ST-ZIP OCOEE FL 34761**
**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ Change ☐ Addition
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ Change ☐ Addition
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-01 352-3576614

CR2E037 (10/00)