

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90202 045 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

Jack A. Cole

Street Address (P.O. Box Number is Not Acceptable)

21209 WOLF BRANCH RD

City

Mt. Dora

FL

Zip Code

32757

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jack A. Cole - Treasurer Jack A. Cole

5-14-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRINNELL, CHARLES E	
STREET ADDRESS	P.O. BOX 354 N/A	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEANS, W. VERNON	
STREET ADDRESS	2080 WESTLAND ROAD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLE, JACK ALLEN	
STREET ADDRESS	32101 ORANGE 21209 WOLF BRANCH RD	
CITY-ST-ZIP	UMATILLA FL 32785 Mt. DORA, FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKER, MELVIN C	
STREET ADDRESS	ROUTE 21, BOX 4023	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYD, ORVEL H	
STREET ADDRESS	34514 HAMMOND LN	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Jack A. Cole

5-14-03

352-383-1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

0071622