

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000002797

1. Entity Name

FORWARD WITH CHRIST EVANGELISTIC ASSOCIATION, IN  
C.**FILED****Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90123 048 \*\*\*\*61.25

UBR/01

Principal Place of Business  
1353 HWY 69  
GRAND RIDGE FL 32442  
US

Mailing Address  
P. O. BOX 722  
COTTONDALE FL 32431  
US

2. Principal Place of Business  
3614 Hwy 231  
Suite, Apt. #, etc.  
Cottondale, FL

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip  
32431

Country  
US

Zip  
City

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3517758

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

EUBANKS, CHARLES R  
3614 HWY 231  
COTTONDALE FL 32431

**7. Name and Address of New Registered Agent**

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 Charles R. Eubanks *Charles R. Eubanks* 1/24/02  
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 FeesMake Check Payable to  
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	EUBANKS, CHARLES R	3614 HWY 231	COTTONDALE FL 32431	<input type="checkbox"/>
DVP	EUBANKS, CAMILLE M	3614 HWY 231	COTTONDALE FL 32431	<input type="checkbox"/>
D	MALDONADO, MARY	162 MOHAVE	CRAWFORDVILLE FL 32327	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	Mary Maldonado	4755 Hwy 71	Greenwood, FL 32443	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Charles R. Eubanks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

Date

850-352-4156

Daytime Phone #

CR2E037 (9/01)