

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005111

1. Entity Name

EAGLE'S REST CHRISTIAN CENTER, INC.

Principal Place of Business

3640 NORTHSIDE CT.
KEY WEST FL 33040
US

Mailing Address

P.O. BOX 2820
KEY WEST FL 33041-2820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0861403

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSTON, CRAIG R
3640 NORTHSIDE CT
KEY WEST FL 33040

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)

2/23/02

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
STREET ADDRESS
CITY-ST-ZIP

D
MARSTON, CRAIG R
3640 NORTHSIDE CT
KEY WEST FL 33040

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Marston, Craig R.
3640 Northside Ct.
Key West, FL 33040

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ELLIOTT, CHARLES C
343 LESHRODE DR
RAMROD KEY FL 33043

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Elliott, Charles C.
343 Leshrode Dr.
Ramrod Key, FL 33043

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
LAMBERSON, ROBERT B
2221 SRIDENBURG AVE.
KEY WEST FL 33040

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Marston, Linda
3640 Northside Ct.
Key West, FL 33040

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KUHN, STEVEN
4 DIAMOND DR.
KEY WEST FL 33040

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Elliott, Winifred
343 Leshrode Dr.
Ramrod Key, FL 33043

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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 addressee, with all other like empowered.

SIGNATURE:

Craig R. Marston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/02 305-294-4996

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)