

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005111**

1. Entity Name

EAGLE'S REST CHRISTIAN CENTER, INC.**FILED****Mar 11, 2002 8:00 am**
Secretary of State

03-11-2002 90010 002 ****61.25

Principal Place of Business

Mailing Address

**3640 NORTHSIDE CT.
KEY WEST FL 33040
US****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

Zip

Country

Zip

Country

4. FEI Number

65-0861403

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****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)

DATE

2/23/02**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 **D** ☐ Delete
NAME **MARSTON, CRAIG R**
STREET ADDRESS **3640 NORTHSIDE CT**
CITY-ST-ZIP **KEY WEST FL 33040**TITLE **T** ☒ Change ☐ Addition
NAME **Marston, Craig R.**
STREET ADDRESS **3640 Northside Ct.**
CITY-ST-ZIP **Key West, FL 33040**TITLE **D** ☐ Delete
NAME **ELLIOTT, CHARLES C**
STREET ADDRESS **343 LESHRODE DR**
CITY-ST-ZIP **RAMROD KEY FL 33043**TITLE **D** ☐ Change ☐ Addition
NAME **Elliott, Charles C.**
STREET ADDRESS **343 Leshrode Dr.**
CITY-ST-ZIP **Ramrod Key, FL 33043**TITLE **T** ☒ Delete
NAME **LAMBERSON, ROBERT B**
STREET ADDRESS **2221 SRIDENBURG AVE.**
CITY-ST-ZIP **KEY WEST FL 33040**TITLE **D** ☐ Change ☒ Addition
NAME **Marston, Linda**
STREET ADDRESS **3640 Northside Ct.**
CITY-ST-ZIP **Key West, FL 33040**TITLE **D** ☒ Delete
NAME **KUHN, STEVEN**
STREET ADDRESS **4 DIAMOND DR.**
CITY-ST-ZIP **KEY WEST FL 33040**TITLE **D** ☐ Change ☒ Addition
NAME **Elliott, Winifred**
STREET ADDRESS **343 Leshrode Dr.**
CITY-ST-ZIP **Ramrod Key, FL 33043**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Craig R. Marston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/02

Daytime Phone #

305-294-4996

CR2E037 (9/01)