2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

304 MONTICELLO DRIVE

ALTAMONTE SPRINGS FL 32701

DOCUMENT # N9800007077

1. Entity Name

Principal Place of Business

ALTAMONTE SPRINGS FL 32701

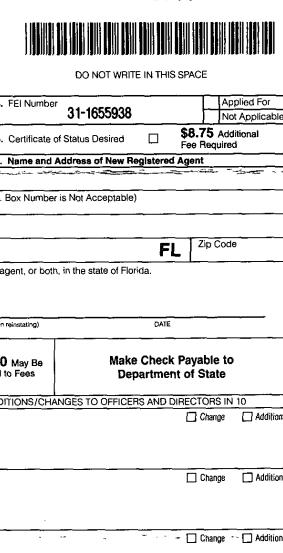
304 MONTICELLO DRIVE

TOWN CENTRE COMMUNITY CHURCH, INC.

FILED Aug 25, 2000 8:00 am Secretary of State

08-25-2000 90007 029 ****61.25

UUUOIJAA



3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STROTHER, MAX 304 MONTICELLO DRIVE **ALTAMONTE SPRINGS FL 32701** 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition CR2E037 (5/00 TITLE ☐ Defete TITLE HUNT, DUANE NAME NAME STREET ADDRESS 2583 THORNHILL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **AUBURNDALE FL 33323** ☐ Addition D □ Delete TITLE TITLE CATE, GLENN NAME NAME STREET ADDRESS STREET ADDRESS 405 MERYDITH WAY S CITY-ST-ZIP CITY-ST-ZIP **GULFPORT FL 33707** TITLE ☐ Delete TITLE STROTHET, MAX NAME NAME STREET ADDRESS 304 MONTICELLO DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701** ☐ Change Addition D Delete TITLE TODD, SAM NAME NAME STREET ADDRESS 663 REGINA LANE STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 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 officer like empowered.

TITLE NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

Addition

☐ Addition