2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am Secretary of State DOCUMENT # N9900000093 1. Entity Name EAGLES LANDING CHURCH, INC. 05-20-2002 90018 022 ****61.25 Mailing Address Principal Place of Business £0 80X 245 3621 71ST TERRACE EAST SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address BOX P.O. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0887956 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Manatee Fee Required 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) NAGLE, JAMES F 3621 71ST TERRACE EAST SARASOTA FL 34243 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PID ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAGLE, JAMES F NAME NAME 3621 71ST TERRACE EAST STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition **VPSD** ☐ Delete TITLE Change TITLE NAGLE, JANICE E NAME NAME 3621 71ST TERRACE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE MURRAY, DAVID R NAME NAME 3308 4TH STREET EAST STREET ADDRESS STREET ADDRESS BRADENTON FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.