

2000 UNIFORM BUSINESS REPORT (UBR)

3/24

FILED

May 15, 2000 8:00 am
Secretary of State

03-24-2000 90108 040 ****61.25

DOCUMENT # N99000002345

1. Entity Name

CHRISTIAN ASSEMBLY OF CITRUS COUNTY, INCORPORATE

Principal Place of Business

Mailing Address

P.O. BOX 640102
BEVERLY HILLS FL 34464

P.O. BOX 640102
BEVERLY HILLS FL 34464-0102

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

59-3569059

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

CIRCELLO, VINCENT
7273 TARRYTOWN DR
SPRINGHILL FL 34606

Name CIRCELLO, VINCENT

Street Address (P.O. Box Number is Not Acceptable)

91 REGINA BLVD

City BEVERLY HILLS

FL

Zip Code 34465

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 CIRCELLO, VINCENT

Vincent J. Circello

3-9-2000

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 Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CIRCELLO, VINCENT	
STREET ADDRESS	7273 TARRYTOWN DR	
CITY-ST-ZIP	SPRINGHILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNS, GREG	
STREET ADDRESS	2746 WEST ANTIOCH LANE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNS, JOAN	
STREET ADDRESS	2746 WEST ANTIOCH LANE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRONELLI, RAYMOND	
STREET ADDRESS	6203 KELLY ROAD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGEMAN, DUANE	
STREET ADDRESS	58 SUNNYVIEW DRIVE	
CITY-ST-ZIP	JERICO VT 05465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	91 REGINA BLVD
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joan Johns* 3/20/00 352-726-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)