

8/29/01-90007-028-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002661**

1. Entity Name

FLORIDA CHRISTIAN HOMES, INC.

Principal Place of Business

5550 26TH ST. WEST, STE 3
BRADENTON FL 34207

Mailing Address

5550 26TH ST. WEST, STE 3
BRADENTON FL 34207

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

APPLIED FOR

36-4290939

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

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

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**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	C	<input type="checkbox"/> Delete
NAME	WESTERHOFF, DON	
STREET ADDRESS	5550 26TH ST W. #3	
CITY-ST-ZIP	BRADENTON FL 34207	

TITLE	D	<input type="checkbox"/> Delete
NAME	WINDMILLER, DONALD REV	
STREET ADDRESS	1805 30TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE	D	<input type="checkbox"/> Delete
NAME	"ALDERMAN, DOUGLAS REV	
STREET ADDRESS	4208 26TH ST W	
CITY-ST-ZIP	BRADENTON FL 34207	

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAHAM, DICK S REV	
STREET ADDRESS	1188 ASHBORO COURT	
CITY-ST-ZIP	LAKELAND FL 33601	

TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, CLIFFORD	
STREET ADDRESS	357 SPRINGDALE	
CITY-ST-ZIP	BRADENTON FL 34210	

TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 SEP 24 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)