

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000003807**

1. Entity Name

**CHRIST THE KING CELL CHURCH, INC.**

Principal Place of Business

Mailing Address

#8 POINT VIEW PLACE  
COCOA FL 32926#8 POINT VIEW PLACE  
COCOA FL 32926-8776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3579398**

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

**LEET, JOEL H**  
**#8 POINT VIEW PLACE**  
**COCOA FL 32926**

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**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

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **LEET, JOEL H**  
CITY-ST-ZIP **130 S TWIN LAKES RD**  
**COCOA FL 32926**TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **MOBERG, KARL R**  
CITY-ST-ZIP **3585 ALAN DR**  
**TITUSVILLE FL 32780**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LYON, JOHN R**  
CITY-ST-ZIP **#8 POINT VIEW PLACE**  
**COCOA FL 32926**TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **RALEY, ELDON O**  
CITY-ST-ZIP **265 YUMA DR**  
**TITUSVILLE FL 32796**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AddNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME  
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90079 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**1/5/00 321-636-885**