

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N99000006034

FILED
May 18, 2000 8:00 am
Secretary of State

04-18-2000 90002 019 ****75.00

1. Entity Name

THE FIRST CHRISTIAN DEVELOPMENT CENTER, INC.

Principal Place of Business

2415 E. 21 AVE.
TAMPA FL 33605

Mailing Address

2415 E. 21 AVE.
TAMPA FL 33605-2047

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

59-3621540

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARDY, ROOSEVELT SR
2415 E. 21 AVE.
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name **Roosevelt Hardy SR.**

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

2415 E. 21st Ave

City **Tampa**

FL

Zip Code **33605**

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

Roosevelt Hardy SR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-2000

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	PCED	<input type="checkbox"/> Delete
NAME	HARDY, ROOSEVELT SR	D.
STREET ADDRESS	2415 E. 21 AVE.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARDY, ALONZO	D.
STREET ADDRESS	2301 S. ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARDY-KEITH, GLADYS	D.
STREET ADDRESS	1910 N.W. 105 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	SPORTS.	<input type="checkbox"/> Delete
NAME	SULLIVAN, ANN	D.
STREET ADDRESS	9830 FOWLER AVE.	
CITY-ST-ZIP	THONOTOSASSA 33592 FL.	
TITLE		<input type="checkbox"/> Delete
NAME	BARTHELL, EDWARD J.	D.
STREET ADDRESS	2006 KIOWALN	
CITY-ST-ZIP	VOLRICO FL. 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:

SIGNATURE REQUIRED *Roosevelt Hardy SR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2000 Daytime Phone # **813-966-6296**

CR2F037 19/99