

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