

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

04-18-2001 90087 001 *****8.75
 04-18-2001 90087 002 *****61.25

DOCUMENT # N00000008415
 1. Entity Name
EAGLE AVENUE CHURCH OF CHRIST EAGLE LAKE, FLORID

Principal Place of Business Mailing Address
551 EAGLE AVE **P.O. BOX 117**
EAGLE LAKES FL 33839 **EAGLE LAKES FL 33839**

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
59-3700535 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
ELAINE THOMAS, MELODY
252 MARSHALL RD ST
EAGLE LAKE FL 33839
Thomas, Melody Elaine
NAME Correction

7. Name and Address of New Registered Agent
 Name
MELODY ELAINE THOMAS
 Street Address (P.O. Box Number is Not Acceptable)
252 MARSHALL ST.
 City
EAGLE LAKE **FL** Zip Code
33839

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 MELODY ELAINE THOMAS *Melody Elaine Thomas* 7/09/2001
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDGAR THOMAS, JOHN 331 S FELTON ST EAGLE LAKES FL <i>Thomas, John Edgar</i> <i>D NAME Correction</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, BERMA H 331 S FELTON ST EAGLE LAKES FL <i>T</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROENE, SHAREN 1027 THOMAS RD EAGLE LAKES FL <i>T</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELAINE THOMAS, MELODY 551 EAGLE AVE EAGLE LAKES FL 33839 <i>NAME Correction</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Thomas, Melody Elaine 252 Marshall Rd Eagle Lake FL 33839 <i>T</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JOHN EDGAR THOMAS Sr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MELODY ELAINE THOMAS 252 Marshall St. Eagle Lake, FL 33839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John Edgar Thomas **REQUIRED** 7/09/2001 **863-293-3936**

CR2E037 (5/01)

Attachment 10001
#N0000008415

7/09/2001

Some of the names and
addresses were incorrect. These
are the correct names & addresses.

Thank you!
John E. Thomas
DIRECTOR