

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91073 031 ****61.25

DOCUMENT # 754520

1. Entity Name

CHRISTIAN SERVICEMEN'S CENTERS OF AMERICA, INC.

Principal Place of Business

Mailing Address

69 DELUNA DR
 PENSACOLA FL 32506
 US

PO BOX 3315
 PENSACOLA FL 32516
 US

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

59-2031302

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

7. Name and Address of New Registered Agent

UPTON, THOMAS D.
69 DELUNA DR
PENSACOLA FL 32506

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

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	PD	<input type="checkbox"/> Delete
NAME	UPTON, THOMAS D.	
STREET ADDRESS	69 DE LUNA DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BOWREN, LEROY W	
STREET ADDRESS	4507 CREEK MOOR	
CITY-ST-ZIP	SAN ANTONIO TX 78220	
TITLE	VDTD	<input type="checkbox"/> Delete
NAME	WELLMAN, JACK	
STREET ADDRESS	1607 BROAD AVE.	
CITY-ST-ZIP	GULFPORT, MS 39503	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DENMARK, RONALD	
STREET ADDRESS	714 20TH ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE *Thomas D. Upton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2001 (850) 455-8342

CR2E037 (10/00)