

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90228 044 ****61.25

DOCUMENT # 758773

1. Entity Name

CHARLES RALEY MINISTRIES, INC.

Principal Place of Business

Mailing Address

1350 E. LAKE RD. N.
 TARPON SPRGS. FL 34689

1350 E. LAKE RD. N.
 TARPON SPRGS. FL 34689

2. Principal Place of Business

3. Mailing Address

3312 Talisman Drive **3312 Talisman Drive**

-Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Middleburg, FL.

City & State
Middleburg, FL.

4. FEI Number
59-2212953

Applied For
 Not Applicable

Zip Country
32068 Clay

Zip Country
32068 Clay

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

RALEY, CHARLES W
~~1350 E. LAKE RD. N.~~ **3312 Talisman Drive**
~~TARPON SPRGS. FL 34689~~ **Middleburg, FL. 32068**

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	STD	<input type="checkbox"/> Delete
NAME	RALEY, DOROTHY M	
STREET ADDRESS	1350 E. LAKE RD. N.	
CITY-ST-ZIP	TARPON SPRGS. FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RALEY, JOHN H.	
STREET ADDRESS	6905 RIDGE TOP DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	RALEY, CHARLES W	
STREET ADDRESS	1350 E. LAKE RD. N.	
CITY-ST-ZIP	TARPON SPRGS. FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	RALEY, MASON D.	
STREET ADDRESS	2509 SUNRIDGE CT Middleburg, FL.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input type="checkbox"/> Delete
NAME	KACHULIS, DAVID	
STREET ADDRESS	2187 CAMPUS DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RALEY, DAVID C.	
STREET ADDRESS	6061 KNOLLWEED DR (6061 Knollwood Dr)	
CITY-ST-ZIP	RIDGE MANOR FL 33523 Ridge Manor, FL. 33523	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3312 Talisman Drive	
CITY-ST-ZIP	middleburg, FL. 32068	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1895 Victory Rd.	
CITY-ST-ZIP	Cantonment, FL. 32583	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3312 Talisman Drive	
CITY-ST-ZIP	middleburg, FL. 32068	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4700 Saddlehorn Drive	
CITY-ST-ZIP	Middleburg, FL. 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6061 Knollwood Drive	
CITY-ST-ZIP	Ridge Manor, FL. 33523	

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: **Charles W. Raley** **Charles W. Raley** **4-29-02** **(904-291-2801)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)