

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 08:00 AM
Secretary of State

DOCUMENT # F95000001668

1. Entity Name
 CHRISTIAN LAW ASSOCIATION, INC.

Principal Place of Business
 PO BOX 4010
 SEMINOLE FL 333775 US

Mailing Address
 PO BOX 4010
 SEMINOLE FL 333775 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
34-1245065
 Applied For
 Not Applicable

Zip Country

Zip Country

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

GIBBS III DAVID CESQ.
 GIBBS & CRAZE, P.A.
 5666 SEMINOLE BLVD., STE. 2
 SEMINOLE FL 33372 US

Name
 GIBBS III DAVID CESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 GIBBS LAW FIRM, P.A.
 5666 SEMINOLE BLVD., STE. 2
 City SEMINOLE FL Zip Code 33372

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 DAVID C. GIBBS III 01/22/2001
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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY ZACHARY S 13429 LAS PALMAS DRIVE LARGO FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GIBBS III DAVID C 5666 SEMINOLE BLVD 2 SEMINOLE FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS GLORIANNE 5666 SEMINOLE BLVD 2 SEMINOLE FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS DAVID CSR. 520 JOHN MADEIRA BEACH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAZE CHARLES E 1550 EL CAMINO REAL, SUITE 220 MENLO PARK CA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPV GIBBS DAVID C. JR 17535 ROSBOUGH DR STE 212 MIDDLEBURG HTS OH 44130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBBS, JR DAVID C 5666 SEMINOLE BOULEVARD SEMINOLE FL 33772	<input checked="" 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)(f), 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: DAVID C. GIBBS III S 01/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

MATTHEW D. GIBBS, DVP
11298 60TH AVENUE NORTH

SEMINOLE, FL 33772

ESTHER L. HOWARD, D
2600 ACE LANE

LEWISVILLE, TX 75067