

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90304 015 ****70.00

DOCUMENT # 110000000567

1. Entity Name
Christ is Action Ministries, Inc.



DO NOT WRITE IN THIS SPACE

90102686

2. Principal Place of Business
742 County Line Rd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 664
Suite, Apt. #, etc.

City & State
Hastings, Florida
Zip
32145
Country
USA

City & State
WELAKA, Florida
Zip
32193
Country
USA

4. FEI Number
39-3629040

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LISA JACKSON

Street Address (P.O. Box Number is Not Acceptable)

1412 Bryant Ave.

City
WELAKA

FL

Zip Code
32193

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa Jackson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/03
DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D/C
NAME Leroy JACKSON
STREET ADDRESS 1412 BRYANT AVE
CITY-ST-ZIP WELAKA, FL 32193

TITLE D/ST
NAME LISA JACKSON
STREET ADDRESS 1412 BRYANT AVE.
CITY-ST-ZIP WELAKA, FL 32193

TITLE D
NAME WILLIE MAE JACKSON
STREET ADDRESS 602 N 9TH ST.
CITY-ST-ZIP PALATKA, FL 32177

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE *Lisa Jackson* Sec./Treas. 4/18/03 (386)467-2297

CR2E037B (12/02)