2002 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2002 8:00 am DOCUMENT # N0100004390 **Secretary of State** 1. Entity Name CHRISTIAN MINISTRY FUNDS, INC. 03-15-2002 90010 021 ****70.00 Principal Place of Business Mailing Address 2862 MIZZEN WAY 2862 MIZZEN WAY NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3757468 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GARMAN, GUY 3801 S. OCEAN DR. 4Z HOLLYWOOD FL 33019 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change P Addition TITLE ☐ Delete TITLE TITLE ROLLINS, NOLEN NAME NAME STREET ADDRESS STREET ADDRESS 2862 MIZZEN WAY CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP V P **M** Change ☐ Addition D ☐ Delete TITLE **BIGGS. ROBERT** NAME 71726 NAME STREET ADDRESS 4410A 5TH AVE. SW STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34119 Change ☐ Addition ☐ Delete TITLE HELWEG, MARK TITLE ... NAME NAME STREET ADORESS STREET ADDRESS 5481 COVE CIR. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 TITLE ☐ Change **X** Addition TITLE ☐ Delete OZ MUTZ NAME NAME 625 ADMIRALTY PARAGE STREET ADDRESS STREET ADDRESS 34102 CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP Delete TITLE ☐ Change **X** Addition DON THOM ASON NAME NAME HOS CAPITAL AVE. SW STREET ADDRESS STREET ADDRESS BATTLE CREEK, MI 49015 CITY-ST-ZIP CITY-ST-ZIP **X**Addition TITLE TITLE ☐ Delete BRUCE CHANDLER NAME 530 5, COLLIER BLVD #503 NAME STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP 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:

941-860-0096

(9/04) CR2E037