## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100005957

1. Entity Name

## SOLDIERS FOR CHRIST EVANGELISTIC MINISTRIES, INC



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90073 034 \*\*\*\*61.25

	5 FOR CHRIST EVANGELIS	OTIC IVIINISTRIES, NAC						
3423 N PINE HILLS RD 342		Mailing Address 3423 N PINE HILLS RD ORLANDO FL 32808	1423 N PINE HILLS RD		-			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		<b>                                    </b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 37	4. FEI Number 37-1416534		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	ditional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Add	ress of New Register	•		
			Name	Name				
Brew, Kek 3673 Westland Ct			Street Addre	ess (P.O. Box Number is N	Not Acceptable)			
	O FL 32818							
			City	·	, . F	Zip Cod	е	
	e named entity submits this statemen	t for the purpose of changing its re-	gistered office or reg	istered agent, or both, in	the State of Florida. 1 a	am familiar with,	and accept	
the obliga	tions of registered agent.							
SIGNATURE	• **							
-j	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered Agent signature re	quired when reinstating)	DAT	Έ		
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable Florida Department of S			
10.	OFFICERS AND	DIRECTORS	11.		ES TO OFFICERS AND	DIRECTORS IN		
TITLE	PD P	☐ Delete	TITLE	D rew Kek		Change	Addition	
NAME STREET ADDRESS	BREW, KEK 3673 WESTLAND CT		NAME STREET ADDRESS 9	25 victoria	terrace.			
CITY-ST-ZIP	ORLANDO FL 32818			Itamonte Sp		32701	.	
TITLE	VD	☐ Delete	7171.5 13/8	•	1119	Change	☐ Addition	
NAME	BREW, SELINA		NAME BY	rew Selina 25 Victoria 1	emore.			
STREET ADDRESS CITY-ST-ZIP	3673 WESTLAND CT ORLANDO FL 32818		STREET ADDRESS 9	Hamonte S	name Fl.	ろりつへに		
-TITLE	D	Detete	TITLE	ranionic 3	A1195, 10		Addition	
NAME	MOBLEY, CYNTHIA		NAME	•			_	
STREET ADDRESS	7339 PENFIELD CT		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32818	<u>س</u>	CITY-ST-ZIP			☐ Change		
TITLE NAME		☐ Delete	TITLE NAME			C change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	'		NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME				1	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	1		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 trusfee 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:** 

03-25-03