2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 06, 2000 8:00 am
Secretary of State
04-24-2000 90147 016 ****61.25

DOCUMENT # N09732

1. Entity Name

CHRISTALORD MINISTRIES FOR DISCIPLES IN CHRIST,

Principal Place of Business	Mailing Address
1621 N DIXIE HWY FT LAUDERDALE FL 33305 US	P O BOX 9511 FT LAUDERDALE FL 33310-9511 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2654803 ☐ Applied For ☐ Not Applicable

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
CHAMBERS, ELOISE O 3000 NW 48 TERR. #418 LAUDERDALE LAKES FL 33313	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	F MITCHELL, GEORGE W 1301 SE 1ST AVE DEERFIELD BEACH FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LYONS, CHRISTINE 1460 NW 28TH ST B FT LAUDERDALE FL 33311	Error	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Gail M. McNamara 324 SE 7 Ave Deerfield Beach Fl 33441	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAIN, ARTHUR L 2180 NW 33 AVE LAUDERDALE LAKE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Chambers, Eloise 3000 NW 48 Terrace #418 Lauderdale Lakes Fl 33313	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWARTZ, ELIZABETH 414 S "O" ST #3 LAKEWORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHWARTZ, SCOTT 414 S "O" ST #3 LAKEWORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAMBERS, ELOISE O 3000 NW 48TH TERRACE, #418 LAUDERDALE LAKES FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Evans, Gayle V 688 N.W. 20th Street Pompano Beach FL 33060	☑ Change ☐ Addition

CR2E037 (9/99)

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.

Gail M. McNamara

SIGNATURE: SIGNATURE REQUIRED Gail M. McNamara 5.30.00 954 4264762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #