

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47015

1. Entity Name

CHRISTIAN CARE MINISTRIES OF PLANT CITY, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90226 003 ****61.25

Principal Place of Business

Mailing Address

304 NORTH COLINS STREET
PLANT CITY FL 33566

304 NORTH COLINS STREET
PLANT CITY FL 33566-3316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3139161

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

MORRIS, STEPHEN T
503 N. PALMER STREET
PLANT CITY FL 33566

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 PD ☐ Delete
NAME SCHRYVER, BECKY
STREET ADDRESS 3610 BRUTON ROAD
CITY-ST-ZIP PLANT CITY FL 33565

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME WETHERINGTON, KEN
STREET ADDRESS 1016 HOLLOWAY ROAD
CITY-ST-ZIP PLANT CITY FL 33567

TITLE BUDDY JOHNSON ☐ Change ☒ Addition
NAME 2902 FOREST CLUB DR
STREET ADDRESS PLANT CITY FL 33565
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME MARRA, SHASTA
STREET ADDRESS 1122 HOLLOWAY ROAD
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ELLEN B. CUATT ☐ Change ☒ Addition
NAME 4319 S. BARRET AVE
STREET ADDRESS PLANT CITY FL 33567
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME GRANGER, DOUGLAS W
STREET ADDRESS 201 DORT STREET, STE. A
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TANKSLEY, CINDI M
STREET ADDRESS 304 NORTH COLINS STREET
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Cynthia M. Tanksley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 22, 2000
Date

Daytime Phone #

CR2E037 (9/99)