

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 304 NORTH COLINS STREET PLANT CITY FL 33566	Mailing Address 304 NORTH COLINS STREET PLANT CITY FL 33566-3316
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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 59-3139161	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	SCHRYVER, BECKY	
STREET ADDRESS	3610 BRUTON ROAD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WETHERINGTON, KEN	
STREET ADDRESS	1016 HOLLOWAY ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARRA, SHASTA	
STREET ADDRESS	1122 HOLLOWAY ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRANGER, DOUGLAS W	
STREET ADDRESS	201 DORT STREET, STE. A	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANKSLEY, CINDI M	
STREET ADDRESS	304 NORTH COLINS STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BUDDY JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2902 FOREST CLUB DR	
STREET ADDRESS	PLANT CITY FL 33565	
CITY-ST-ZIP		
TITLE	ELEN B. CUATT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4319 S. BARRET AVE	
STREET ADDRESS	PLANT CITY FL 33567	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE: *Cindi M Tanksley* **May 22, 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)