

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N93000003070

1. Entity Name

CHRISTIAN EDIFICATION CONFERENCE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 16 AM 6:55

Principal Place of Business Mailing Address  
RT 1 HWY 90 WEST POST OFFICE BOX 393  
P.O. BOX 322 POST OFFICE 322  
COTTONDALE FL 32431 COTTONDALE FL 32431-0322  
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3199386		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input type="checkbox"/>			

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOHNSON, JACKIE 3263 NORTH MAIN STREET COTTONDALE FL 32431				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 Jackie Johnson Jackie Johnson DATE 4/6/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

FILE NOW: FEE IS \$61.25

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	D JOHNSON, JACKIE 3263 NORTH MAIN STREET COTTONDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RANDAL M. GILBERT D 1826 GAINER RD. CHIPLEY, FL 32428-6041 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLAM, BILLY 2643 CHURCH STREET COTTONDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PULLAM, BONNIE 2643 CHURCH STREET COTTONDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bonnie Johnson D, S 199 River Road Bainbridge, GA 31217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTON, CARLTON 3284 BUMP NOSE ROAD MARIANNA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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: Bonnie Johnson Bonnie Johnson DATE 4/6/00 912-246-5570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Decline Form #