

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90060 011 ****61.25

0084633

DOCUMENT # N93000003070

1. Entity Name

CHRISTIAN EDIFICATION CONFERENCE, INC.

Principal Place of Business

Mailing Address

RT 1 HWY 90 WEST
 P.O. BOX 322
 COTTONDALE FL 32431
 US

POST OFFICE BOX 393
 POST OFFICE 322
 COTTONDALE FL 32431
 US

C0036240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3199386

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jackie Johnson

3/17/01

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: Delete
 NAME: **D JOHNSON, JACKIE**
 STREET ADDRESS: **199 RIVER ROAD**
 CITY-ST-ZIP: **BAINBRIDGE GA 31717**

TITLE: Change Addition
 NAME: ~~Edora Hayes~~ Sec
 STREET ADDRESS: **Eldora Hayes**
 CITY-ST-ZIP: **P.O. Box 467**
Alford FL 32420

TITLE: Delete
 NAME: **D GILBERT, RANDAL**
 STREET ADDRESS: **1826 GAINER RD**
 CITY-ST-ZIP: **CHIPLEY FL 32428-6041**

TITLE: Change Addition
 NAME: **Director**
 STREET ADDRESS: **Beleena Pullam**
 CITY-ST-ZIP: **4861 - Trailor Park. Rd**
Marianna, FL 32448

TITLE: Delete
 NAME: **DS JOHNSON, BONNIE**
 STREET ADDRESS: **199 RIVER ROAD**
 CITY-ST-ZIP: **BAINBRIDGE GA 31717**

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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:

Jackie Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01

228-246-5898

DATE

Daytime Phone #

CR2E037 (10/00)