

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90197 039 ****61.25

DOCUMENT # N93000003070

1. Entity Name

CHRISTIAN EDIFICATION CONFERENCE, INC.

Principal Place of Business

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

Mailing Address

POST OFFICE BOX 393
 POST OFFICE 322
 COTTONDALE FL 32431
 US

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

59-3199386

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

JOHNSON, JACKIE
~~3263 NORTH MAIN STREET~~
 COTTONDALE FL 32431

4067 Hwy 90 E

Name

Street Address (P.O. Box numbers not allowed)

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.

(NOT a Registered Agent signature required when reinstating)

DATE: *4/06/02*

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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JACKIE	
STREET ADDRESS	199 RIVER ROAD	
CITY-ST-ZIP	BAINBRIDGE GA 31717	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, RANDAL	
STREET ADDRESS	1826 GAINER RD	
CITY-ST-ZIP	CHIPLEY FL 32428-6041	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHNSON, BONNIE	
STREET ADDRESS	199 RIVER ROAD	
CITY-ST-ZIP	BAINBRIDGE GA 31717	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAYES, ELDORA	
STREET ADDRESS	PO BOX 467	
CITY-ST-ZIP	ALFORD FL 32420	
TITLE	D	<input type="checkbox"/> Delete
NAME	PULLMAN, REDACTED Beleena	
STREET ADDRESS	4861 TRAILOR PARK DR	
CITY-ST-ZIP	MARIANNA FL 32448	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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* **Jackie Johnson** *4/06/02* **850-591-1078**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE