

2000 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
May 16, 2000 8:00 am
Secretary of State

02-09-2000 90084 010 ****61.25

DOCUMENT # N95000000527

1. Entity Name

THE AMERICAN CHRISTIAN, CHILDREN'S FOUNDATION IN

Principal Place of Business

P.O. Box
252 MAIN STREET
MARSHALL IN 47859

Mailing Address

P.O. Box
252 MAIN STREET
MARSHALL IN 47859

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3248023

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IVEY, DOREEN E
252 SAXONY COURT
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name **COLIN WERNER**
 Street Address (P.O. Box Number is Not Acceptable) **4008 CROSSROADS PLACE**
CASSELBERRY, FL 32707
 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

Doreen Ivey

3/29

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IVEY, DAWN	
STREET ADDRESS	252 SAXONY CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	P	<input type="checkbox"/> Delete
NAME	ODOM, JULIE J	
STREET ADDRESS	P.O. BOX 252 MAIN STREET	
CITY-ST-ZIP	MARSHALL IN 47859	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IVEY, KARREN	
STREET ADDRESS	252 SAXONY CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID LANGTON	
STREET ADDRESS	108 COLUMBINE TRAIL	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLIN WERNER	
STREET ADDRESS	4008 CROSSROADS PLACE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMULA RAY	
STREET ADDRESS	108 COLUMBINE TRAIL	
CITY-ST-ZIP	DEBARY, FL 32713	
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		
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)(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:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

Doreen Ivey
 Date **3/29 1/29/00**

Agent
 Daytime Phone #

CR2E037 (9/99)