

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007035

1. Entity Name

"JUST AS I AM" CHRISTIAN MINISTRIES, INC.

Principal Place of Business

Mailing Address

242 ORCHIS RD
ST AUGUSTINE FL 32086

242 ORCHIS RD
ST AUGUSTINE FL 32086-6524

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 **59-3479550**

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

LUNDQUIST, KAREN
242 ORCHIS RD
ST AUGUSTINE FL 32086

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PD LUNDQUIST, KAREN**
STREET ADDRESS **242 ORCHIS ROAD**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D PARASINE, MARJORIE JILL**
STREET ADDRESS **14 ALEXANDRIA WAY**
CITY-ST-ZIP **BASKING RIDGE NJ 07920**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D MASSA, PETER J**
STREET ADDRESS **91 RAY AVE**
CITY-ST-ZIP **LEONIA NJ 07605**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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)(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: Karen Lundquist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00 (904) 797-2937
Date Daytime Phone #

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90079 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)