

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000007035

FILED
May 30, 2003
Secretary of State

Entity Name: "JUST AS I AM" CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

242 ORCHIS RD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

242 ORCHIS RD
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3479550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNDQUIST, KAREN
242 ORCHIS RD
ST AUGUSTINE, FL 32086

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUNDQUIST, KAREN
Address: 242 ORCHIS ROAD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: PARASINE, MARJORIE JILL
Address: 14 ALEXANDRIA WAY
City-St-Zip: BASKING RIDGE, NJ 07920

Title: D () Delete
Name: MASSA, PETER J
Address: 91 RAY AVE
City-St-Zip: LEONIA, NJ 07605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN LUNDQUIST

PD

05/30/2003

Electronic Signature of Signing Officer or Director

_____ Date