

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-18-2000 90333 016 ****70.00

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1. Entity Name

CONSOLIDATED CHRISTIAN MINISTRIES, INC.

R

Principal Place of Business

Mailing Address

900 A - SW PINCKNEY ST
 MADISON FL 32340

900 W PINCKNEY ST
 MADISON FL 32340-1325

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

31-1630103

APPLIED FOR

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

ZINN, JANET
 3040 NIXON WY
 MADISON FL 32340

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:

Janet Zinn

4/29/00

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 PD Delete
 NAME ZINN, JANET
 STREET ADDRESS 3040 NIXON WY
 CITY-ST-ZIP MADISON FL 32340

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME RUBINO, FRANK
 STREET ADDRESS RT 5 BOX 6010
 CITY-ST-ZIP MADISON FL 32340

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME GRANT, JANICE
 STREET ADDRESS RT 2 BOX 160
 CITY-ST-ZIP MADISON FL 32340

TITLE Change Addition
 NAME JANE Mc CLUNG SD
 STREET ADDRESS RT. 2, Box 4460
 CITY-ST-ZIP Lee, FL 32059

TITLE TD Delete
 NAME ARANDA, BOB
 STREET ADDRESS RT 3 BOX 1072
 CITY-ST-ZIP MADISON FL 32340

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SANDERS, TIM
 STREET ADDRESS MADISON COUNTY COURTHOUSE
 CITY-ST-ZIP MADISON FL 32340

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME BOWERS, JIM
 STREET ADDRESS 950 SOUTH RANGE ST
 CITY-ST-ZIP MADISON FL 32340

TITLE Change 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)(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:

SIGNATURE REQUIRED

4/29/00

850-473-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)