

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

0015398

DOCUMENT # N98000004422

1. Entity Name

CONSOLIDATED CHRISTIAN MINISTRIES, INC.

03-02-2001 90041 044 ****61.25

Principal Place of Business

900 A - SW PINCKNEY ST
 MADISON FL 32340

Mailing Address

900 W PINCKNEY ST
 MADISON FL 32340

← Same as ←



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

31-1630103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZINN, JANET
 3040 NIXON WY
 MADISON FL 32340

7. Name and Address of New Registered Agent

Name **Frank Rubino**
 Street Address (P.O. Box Number is Not Acceptable)
Rt 5, Box 6010
Madison, FL
 City **FL** Zip Code **32340**

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 *Frank Rubino* **Frank Rubino** **2/24/01**
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	<input checked="" type="checkbox"/> Delete
NAME	ZINN, JANET	
STREET ADDRESS	3040 NIXON WY	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUBINO, FRANK	
STREET ADDRESS	RT 5 BOX 6010	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCLUNG, JANE	
STREET ADDRESS	RT. 2, 4460	
CITY-ST-ZIP	LEE FL 32059	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARANDA, BOB	
STREET ADDRESS	RT 3 BOX 1072	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, TIM	
STREET ADDRESS	MADISON COUNTY COURTHOUSE	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWERS, JIM	
STREET ADDRESS	950 SOUTH RANGE ST	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	Acting President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rubino, Frank	
STREET ADDRESS	Rt 5, Box 6010	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	Vice President-Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McClung, Joseph D., Sr.	
STREET ADDRESS	Rt 2, Box 4460	
CITY-ST-ZIP	Lee, FL 32340	
TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van Namee, Gordon	
STREET ADDRESS	At 3 Box 1235	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reynolds, Jeannine	
STREET ADDRESS	At 2 Box 160	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haynes, Eddie	
STREET ADDRESS	1208 SE Thompson St.	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sowards, Angela	
STREET ADDRESS	At 3, Box 1280	
CITY-ST-ZIP	Madison, FL 32340	

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: *Frank Rubino* **Frank Rubino** **2/24/01** **(850) 973-9968**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)