

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90326 046 \*\*\*\*70.00

**DOCUMENT # N98000004422**

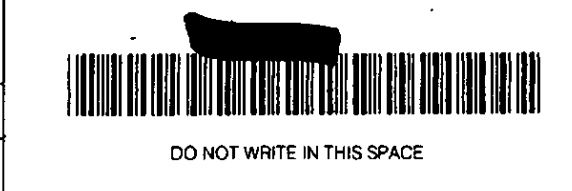
1. Entity Name  
**CONSOLIDATED CHRISTIAN MINISTRIES, INC.**

Principal Place of Business Mailing Address  
 900 A - SW PINCKNEY ST. 900 W PINCKNEY ST  
 MADISON FL 32340 MADISON FL 32340

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*900A SW Pinckney St.*

City & State City & State  
 Madison FL

Zip Country Zip Country  
 32340 MADISON



6. Name and Address of Current Registered Agent  
**RUBINO, FRANK**  
**RT 5 BOX 6010**  
**MADISON FL 32340**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

After September 13, 2002, min. will be \$236.25. 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 NAME STREET ADDRESS CITY-ST-ZIP	AP RUBINO, FRANK RT 5 BOX 6010 MADISON FL 32340	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MCCLUNG, JOSEPH O SR RT 2 BOX 4480 LEE FL 32340	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLUNG, JANE RT. 2, 4460 LEE FL 32059	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARANDA, BOB RT 3 BOX 1072 MADISON FL 32340	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, TIM MADISON COUNTY COURTHOUSE MADISON FL 32340	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, JIM 950 SOUTH RANGE ST MADISON FL 32340	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDDIE HAYNES 1208 SE Tompkins St. MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - D - DIRECTOR McClung, Joseph O, Sr. 350 SE. Palm Way Lee, FL 32059	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/DIR. SOWARDS, ANGELA RT 3, BOX 1280 MADISON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARIE L. WASHINGTON RT 4 BOX 2280 MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARTIN, ALFRED Rt. 1 Box 164 MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR QUACKENBUSH, RICHARD P.O. Box 38 LEE, FL 32059	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Joseph O. McClung, Jr. - Vice President - Operations* M-T-W-T 9AM-11AM  
 7-3-02 850-973-6208  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/02)



Attachment  
#N98000004422  
122551

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 11, 2002

CONSOLIDATED CHRISTIAN MINISTRIES, INC.  
900 A - SW PINCKNEY ST  
MADISON, FL 32340

Subject: **CONSOLIDATED CHRISTIAN MINISTRIES, INC.**

Reference Number: **N98000004422**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

rg  
ANNUAL REPORTS SECTION

*Sorry about the error, have combined the \$61.25 + 8.95 into one check, trust this is as you desire.*

*Joe McHenry  
V.P. + Operations Director  
Consolidated Christian Ministries*