


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90074 019 \*\*\*\*61.25

DOCUMENT # **N98000004422**

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



Principal Place of Business      Mailing Address

**900 A - SW PINCKNEY ST  
MADISON FL 32340  
US**

**900 A - SW PINCKNEY ST  
MADISON FL 32340  
US**

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  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RUBINO, FRANK**  
~~RT 5 BOX 6010~~ **Rt 2 Box 6010**  
**MADISON FL 32340**

*"911 + US PO change - no move"*

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	AP	<input type="checkbox"/> Delete
NAME	RUBINO, FRANK	
STREET ADDRESS	RT 5 BOX 6010	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	VPOD	<input type="checkbox"/> Delete
NAME	MCCLUNG, JOSEPH O SR	
STREET ADDRESS	352 SE HAHN WAY	
CITY-ST-ZIP	LEE FL 32059	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SOWARDS, ANGELA	
STREET ADDRESS	RT 3 BOX 1280	
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 checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rubino, Frank	
STREET ADDRESS	Rt. 2 Box 6010	
CITY-ST-ZIP	Madison, Fla. 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eddie Haynes	
STREET ADDRESS	1208 S.E. Tompkins St	
CITY-ST-ZIP	Madison, FL 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Rick Quackenbush	
STREET ADDRESS	Po Box 38	
CITY-ST-ZIP	Lee, FL 32059	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank N Rubino* **REQUIRED** Frank N Rubino 04/08/03 (850)973-4968

CR2E037 (10/02)