

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90061 013 ****61.25

DOCUMENT # N99000004758

1. Entity Name

CHRISTIAN INSTITUTE OF ARTS & SCIENCES, INC.

Principal Place of Business

Mailing Address

6100-H W. FAIRFIELD DR.
 PENSACOLA FL 32506

2012 NORTH 61ST AVE
 PENSACOLA FL 32506-3462

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

59-3607032

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, JULIE B
2012 NORTH 61ST AVE
PENSACOLA FL 32506-3462

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 _____

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 type="checkbox"/> Delete
NAME	JONES, JULIE B	
STREET ADDRESS	2012 N 61 AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, D. PATRICK	
STREET ADDRESS	2012 N 61 AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JONES, MARY B	
STREET ADDRESS	2012 N 61 AVE.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Julie B Jones*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/02
 Date

850-457-1072
 Daytime Phone #

CR2E037 (9/01)