

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90251 003 ****61.25

DOCUMENT # N16140

1. Entity Name

ALDRIDGE FAMILY MINISTRIES, INC.

Principal Place of Business

1630 VINTAGE STREET
 KISSIMMEE FL 34746
 US

Mailing Address

1630 VINTAGE STREET
 KISSIMMEE FL 34746
 US

00004058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2734013

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

7. Name and Address of New Registered Agent

GORDON, THERESA A
1630 VINTAGE STREET
KISSIMMEE FL 34746

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	ALDRIDGE, SILAS B.	
STREET ADDRESS	RT 2 BOX 306A	
CITY-ST-ZIP	WAVCROSS GA 31508	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ALDRIDGE, RONALD, B	
STREET ADDRESS	1530 WOODCROFT	
CITY-ST-ZIP	FT. MILL SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBONS, BRUCE	
STREET ADDRESS	7008 THAMES CT	
CITY-ST-ZIP	MATTHEWS NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, BOB	
STREET ADDRESS	2930 CHERRY BLOSSOM CT	
CITY-ST-ZIP	FT MILL SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chet E. Hart	
STREET ADDRESS	P.O. Box 23152	
CITY-ST-ZIP	Charlotte, NC 28227	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Silas B. Aldridge **Silas B. Aldridge** 4-17-2001 912-289-0824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)