

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90188 025 ****61.25

DOCUMENT # 740669

1. Entity Name

CHRISTIAN HOME AND BIBLE SCHOOL, INC.

Principal Place of Business

13TH STREET & MCDONALD STREET
 P.O. BOX 1017
 MT. DORA FL 32757

Mailing Address

13TH STREET & MCDONALD STREET
 P.O. BOX 1017
 MT. DORA FL 32757

2. Principal Place of Business

200 W. 13 Avenue
 Suite, Apt. #, etc.

3. Mailing Address

200 W. 13 Avenue
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0855390

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

MOORE, JAMES E
33540 WESLEY ROAD
MT DORA, FL
EUSTIS FL 32736

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.

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	PARKS, MESSICK	
STREET ADDRESS	33921 C.R. 44 B	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, JAMES E	
STREET ADDRESS	33540 WESLEY ROAD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SUTTON, HAROLD	
STREET ADDRESS	11208 LONGWOOD CT	
CITY-ST-ZIP	BRADENTON FL	
TITLE	FD	<input type="checkbox"/> Delete
NAME	MARAO, ARMANDO	
STREET ADDRESS	712 TREELINE PLACE	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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: _____

James E. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

(352) 383-2155

Daytime Phone #

CR2E037 (10/00)