

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754520

1. Entity Name

CHRISTIAN SERVICEMEN'S CENTERS OF AMERICA, INC.

Principal Place of Business

69 DELUNA DR
PENSACOLA FL 32506
US

Mailing Address

PO BOX 3315
PENSACOLA FL 32516
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

59-2031302

Applied For

Not Applicable

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

UPTON, THOMAS D.
69 DELUNA DR
PENSACOLA FL 32506

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
NAME UPTON, THOMAS D.
STREET ADDRESS 69 DE LUNA DR
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE CD
NAME BOWREN, LEROY W
STREET ADDRESS 4507 CREEK MOOR
CITY-ST-ZIP SAN ANTONIO TX 78220 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VDTD
NAME WELLMAN, JACK
STREET ADDRESS 1607 BROAD AVE.
CITY-ST-ZIP GULFPORT, MS 39503 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME DENMARK, RONALD
STREET ADDRESS 714 20TH ST.
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

Thomas D. Upton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2001 (850) 455-8342

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91073 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)