

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810258

1. Entity Name

CHRISTIAN MISSIONS INCORPORATED

Principal Place of Business

1800 SHARONDALE DR
CLEARWATER FL 33775
US

Mailing Address

P.O. BOX 4506
CLEARWATER FL 33775
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 16495
Clearwater, FL
33766-6495 U.S.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90166 015 ****75.00

00005036



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2149193

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

Name

Street Address (P.O. Box Number is Not Acceptable)

1927 June Bells Dr

City Clearwater

FL

Zip Code

33755

BOSTROM, JOHN D
1800 SHARONDALE DR.
CLEARWATER FL 33775

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	PD	<input type="checkbox"/> Delete
NAME	BOSTROM, PAUL M	
STREET ADDRESS	1927 JUNE BELLS DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOSTROM, MARY	
STREET ADDRESS	1927 JUNE BELLS DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MESSER, ELIZABETH	
STREET ADDRESS	1927 JUNE BELLS DR.	
CITY-ST-ZIP	CLEARWATER FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1800 Sharondale Dr.
CITY-ST-ZIP	Clearwater, FL 33755
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1800 Sharondale Dr.
CITY-ST-ZIP	Clearwater, FL 33755
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE OF OFFICER OR DIRECTOR
Paul M. Bostrom

Date 1/9/01 (727) 723-0435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)