

2002 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 16495
CLEARWATER FL 33766-6495
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

59-2149193

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

BOSTROM, JOHN D
1927 JUNE BELLS DR
CLEARWATER FL 33775

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 PD
NAME BOSTROM, PAUL M
STREET ADDRESS 1800 SHARONDALE DR
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE SD
NAME BOSTROM, MARY
STREET ADDRESS 1800 SHARONDALE DR
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE TD
NAME MESSER, ELIZABETH
STREET ADDRESS 1800 SHARONDALE DR
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Paul M. Bostrom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/02 727-743

Daytime Phone #

CR2E037 (9/01)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90018 028 ****70.00



DO NOT WRITE IN THIS SPACE

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