

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90099 029 ****61.25

DOCUMENT # 837697

1. Entity Name

REGGIE KILLOUGH'S CHRIST TEAM, INC.

Principal Place of Business

1238 8TH ST
 DAYTONA BEACH FL 32117
 US

Mailing Address

P O BOX 265010
 DAYTONA BEACH FL 32126-5010
 US

B0138672



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

56-0990367

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

KILLOUGH, REGGIE
680 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

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. I am familiar with, and accept the obligations of registered agent.

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

After September 13, 2002,
min. will be \$236.25.

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	<input type="checkbox"/> Delete
NAME	KILLOUGH, REGGIE	
STREET ADDRESS	680 OCEAN SHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RANAW, DAVID	
STREET ADDRESS	320 JEFFERSON ST.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILLOUGH, SHIRLEY	
STREET ADDRESS	680 OCEAN SHORE BLV D	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOOTH, DENNIS	
STREET ADDRESS	63 MAIN STREET	
CITY-ST-ZIP	FARMINGDALE NJ	
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
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

VPD Booth, DENNIS
295 Miller Ave.
Marion, NC 28752

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: *Reggie Killough* **REGGIE KILLOUGH**

9-11-02 386-441-6018

CR2E037 (4/02)