2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000004557

FAMILIES IN A FAMILY MINISTRY INTL., INC.



Principal Place of Business

Mailing Address

4324 WILLIAMSBURG COURT ORLANDO FL 32808

4324 WILLIAMSBURG COURT ORLANDO FL 32808

O. THE STATE OF
V 345

FILED									
04 APR	14	PH 12: 51							
SECRE TALLAH	TARY ASSE	OF STATE E. FLORIDA							

		• • • • • • • • • • • • • • • • • • • •								
2. Principal P	lace of Business	3. Mailing Address	المراجعة المستحالة							
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			DEANS TAKEN MAKING CHANGES 7-04						
City & State City & State		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Nümber 58-2528881		Ap	plied For t Applicable				
Zip	Country	Zip	Country		5. Certificate of Sta		8.75 Add	litional		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
(c			Name	Name						
MURRAY,			Stree	Street Address (P.O. Box Number is Not Acceptable)						
	LIAMSBURG COURT D FL 32808									
OUTVIO	7 FL 32000		` <u></u>		-					
			City			FL	Zip Code	e l		
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 .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sig	nature required	when reinstating)	DATE				
			ander seas		رجاني ميمن المحدي					
-	FILE NOW: FEE IS \$61.25		npaign Financin	<i>'</i> —	\$5.00 May Be	Make Check				
	112 77017. 1 22 10 40 1.20	Trust Fund C	Contribution.	LJ	Added to Fees	Florida Depart	ment of S	State		
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	10		
TITLE	PC	□ Delete	TITLE	1			☐ Change	Addition		
NAME	MURRAY, CARL F SR		NAME							
STREET ADDRESS	4324 WILLIAMSBURG COURT		STREET ADDRES	S						
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP	-						
TITLE NAME	MURRAY, CARL F JR	☐ Delete	TITLE NAME				Change	☐ Addition		
STREET ADDRESS	121 ORCHARD PASS.		STREET ADDRES	s	300	0328 951 6 01005002 *	33			
CITY-ST-ZIP	WARNER ROBINS GA 31088		CITY-ST-ZIP		04715704	01002005 *	#297 . 9	15		
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition		
NAME	LOWE, BRODERICK L		NAME					. }		
STREET ADDRESS CITY-ST-ZIP	119 BENTON AVENUE WARNER ROBINS GA 31088		STREET ADDRES	5				ł		
TITLE	V	☐ Delete	TITLE	+			☐ Change	Addition		
NAME	MURRAY, GERALDINE	L Delete	NAME				onango			
STREET ADDRESS	4324 WILLIAMSBURG COURT		STREET ADDRES	s						
=CITY-ST-ZIP===	ORLANDO FL=32808		CITY:ST-ZIP							
TITLE	S CHARTING CANIDY	☐ Delete	TITLE				☐ Change	☐ Addition		
NAME STREET ADDRESS	OWENS, SANDY 4324 WILLIAMSBURG COURT		NAME STREET ADDRES	s l				ļ		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP							
TITLE	T	☐ Delete	TITLE		31.300.31.1	Virtual Colonia Colonia Colo	Change	Addition		
NAME	MURRAY, RUDOLPH		NAME					j		
STREET ADDRESS	538 WEST 14TH STREET		STREET ADDRES	is						
CITY-ST-ZIP	APOPKA FL 32703		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:

4-6-04 Date

407 578 5619 Daytime Phone #