

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90128 005 ****70.00

DOCUMENT # F98000001008

1. Entity Name

CHRISTIAN CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

22255 CORTEZ BLVD
 BROOKSVILLE FL 34601

Mailing Address

22255 CORTEZ BLVD
 BROOKSVILLE FL 34601

2. Principal Place of Business

9313 Mustang Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15615

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Brooksville FL

Zip
34604

Country

City & State
Brooksville FL

Zip
34604

Country

4. FEI Number
57-0972160

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JAGER, SCOTT
8086 EAGLE DR.
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

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: *Scott Jager*

DATE: **2/27/02**

Signature, typed or printed name of registered agent and title, 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	CP	<input type="checkbox"/> Delete
NAME	JAGER, SCOTT	
STREET ADDRESS	8086 EAGLE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	CV	<input type="checkbox"/> Delete
NAME	HOPKINS, WILLIAM	
STREET ADDRESS	8125 STOCKHOLM ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOPKINS, BETTY	
STREET ADDRESS	8125 STOCKHOLM ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JAGER, SUSAN	
STREET ADDRESS	8086 EAGLE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Scott Jager* **SIGNATURE REQUIRED**

DATE: **2/27/02**

DAYTIME PHONE #: **352-799-7856**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)