

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90131 023 ****70.00

DOCUMENT # F98000001008

1. Entity Name

CHRISTIAN CONTRACTORS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3313 MUSTANG DR
BROOKSVILLE FL 34604

P.O BOX 15615
BROOKSVILLE FL 34604

2. Principal Place of Business

3313 Mustang Dr.

3. Mailing Address

P.O. Box 15615

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Brooksville, FL

City & State
Brooksville, FL

4. FEI Number 57-0972160

Applied For
Not Applicable

Zip 34604

Country USA

Zip 34604

Country USA

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

JAGER, SCOTT
~~8086 EAGLE DR~~ 6065 Kinlock Ave
~~BROOKSVILLE FL 34613~~ Spring Hill, FL 34608

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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CP
NAME JAGER, SCOTT Delete
STREET ADDRESS ~~8086 EAGLE DR~~ 6065 Kinlock Ave
CITY-ST-ZIP ~~BROOKSVILLE FL 34613~~ Spring Hill, FL 34608

TITLE CV Change Addition
NAME Jager, Susan
STREET ADDRESS 6065 Kinlock Ave.
CITY-ST-ZIP Spring Hill, FL 34608

TITLE CV Delete
NAME HOPKINS, WILLIAM
STREET ADDRESS ~~8125 STOCKHOLM ST.~~ 3040
CITY-ST-ZIP ~~BROOKSVILLE FL 34613~~

TITLE DS Change Addition
NAME Hopkins, William
STREET ADDRESS 3040 Cibudcroft Ave.
CITY-ST-ZIP Spring Hill, FL 34609

TITLE DS Delete
NAME HOPKINS, BETTY
STREET ADDRESS 8125 STOCKHOLM ST.
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE DT Change Addition
NAME Hahn, John
STREET ADDRESS 12387 Seagate St.
CITY-ST-ZIP Spring Hill, FL 34609

TITLE DT Delete
NAME JAGER, SUSAN
STREET ADDRESS 8086 EAGLE DR.
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE CP Change Addition
NAME Jager, Scott
STREET ADDRESS 6065 Kinlock Ave.
CITY-ST-ZIP Spring Hill, FL 34608

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03 352-799-7856

CR2E037 (10/02)