2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006296

1. Entity Name

SIGNATURE:

CHRISTIAN MINISTRY, LLC



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90053 036 ****50.00

Daytime Phone #

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	ice of Business		Mailing Address							
000 EGGLESTON AVENUE DRLANDO FL 32804-1166			5000 EGGLESTON AVENUE ORLANDO FL 32804-1166							
2. Principal	Place of Busine	SS	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Numbe	^{hber} 59-3644220			plied For at Applicable	
Zip		Country	Zip	Count	у	5. Certificate	of Status Desired		0 Add	litional
6. Name and Address of Current Reg			nt Registered Agent	Istered Agent		Fee Required 7. Name and Address of New Registered Agent				
TUR	NEY, R B	والمستعلق والراسات			Name	. المستخدم	وسيم يدويند الكواد		 ,	
5000 EGGLESTON AVENUE ORLANDO FL 32804-1166				Street Addres		(P.O. Box Numbe	er is Not Acceptable)			
0112		70 T 1100								
<u>.</u>					City				p Code	
The above the obligat	named entity s ti <u>ons of</u> register	submits this statement and agent.	for the purpose of changing	g its registered	office or registe	ered agent, or bot	h, in the State of Floric	la. I am familia	with, a	and accept
										
	Signature, typed or p	printed name of registered age	nt and title if applicable. (NOTE: Registered	Agent signature require	d when reinstating)		DATE		
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			FILE Make Check Pay			ent of State				
		MANAGING MEME	FILE Make Check Pay	able to Flor	ida Departme	ent of State	ADDITIONS/CF	HANGES		•
9.	MGR	MANAGING MEME	FILE Make Check Pay	TITLE	ida Departme	ent of State	ADDITIONS/CF	HANGES □ CF	ange	Addition
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9. Title Vame Street address City-St-Zip	MGR TURNEY, R. 109 SATSUI	MANAGING MEME B. MA DR.	FILE Make Check Pay I BERS/MANAGERS Delete	Table to Float Due By May 10. TITLE NAME	rida Departme 11, 2003	ent of State	ADDITIONS/CF		ange	Addition
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