

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90086 047 ****70.00

DOCUMENT # **100000000567**

1. Entity Name

Christ is Action Ministry

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

742 County Line Rd

Suite, Apt. #, etc.

3. Mailing Address

115 Bream Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hastings, FL

City & State

Satsuma, FL

4. FEI Number

59-3629040

Applied For

Not Applicable

Zip

32145

Country

U.S.

Zip

32189

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lisa Jackson

Street Address (P.O. Box Number is Not Acceptable)

115 Bream Drive

City

Satsuma

FL

Zip Code

32189

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**P/D
Leroy Jackson
115 Bream Drive
Satsuma, FL 32189**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S/D
Lisa Jackson
115 Bream Drive
Satsuma, FL 32189**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Willie Mae Jackson
602 N. 9th St
Palatka, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE

Lisa D Jackson

Lisa D Jackson

4/28/02 (386) 325-3261

CR2E037B (12/01)