

2001 UNIFORM BUSINESS REPORT (UBR) * 7/2/01-90165-048-3 * 8/8/01-90011-01

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-08-2001 90011 017 *****8.75
 07-02-2001 90165 048 *****61.25

DOCUMENT # N00000003260

1. Entity Name

CHRISTIAN CONVERTS FOR CHRIST MINISTRIES, INC.

CP

Principal Place of Business

10571 SOUTHWEST 174TH TERRACE
 PERRINE FL 33157

Mailing Address

10571 SOUTHWEST 174TH TERRACE
 PERRINE FL 33157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1009077**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PSTD PARNELL, MARION	10571 SOUTHWEST 174TH TERRACE	PERRINE FL 33157	<input type="checkbox"/>
	D KING, BEATRICE	10571 SOUTHWEST 174TH TERRACE	PERRINE FL 33157	<input checked="" type="checkbox"/>
	D NESBIT, MECHAR	10571 SOUTHWEST 174TH TERRACE	PERRINE FL 33157	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>Terese DiParrell</i>	<i>10571 Southwest 174th Terrace</i>	<i>Perrine FL 33157</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Deanna Johnson</i>	<i>16933 S.W. 102 Ave</i>	<i>Perrine FL 33157</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CF2E007 (5/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Marion Parnell* **UIRED**

8-2-01

(205) 247-6245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #