

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004145

FILED
Jul 31, 2003
Secretary of State

Entity Name: CHRISTIAN RESEARCH & COUNSEL, INC.

Current Principal Place of Business:

3500 12TH AVENUE N
ST. PETERSBURG, FL 337136019

New Principal Place of Business:

Current Mailing Address:

3500 12TH AVENUE N
ST. PETERSBURG, FL 337136019

New Mailing Address:

FEI Number: 59-3636476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, THOMAS V
3500 12TH AVENUE N
ST. PETERSBURG, FL 337136019

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, TOM
Address: 3500 12TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 337136019

Title: SD () Delete
Name: LEMMEL, THERESA
Address: 2889 OAK CREEK LN
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: SEALY, CARL
Address: 1614 MONTEREY DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: DIR () Delete
Name: BLANKENSHIP, BERNIE
Address: 1007 GROVEWOOD CT
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM JONES

PRES

07/31/2003

Electronic Signature of Signing Officer or Director

Date