

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

001066

DOCUMENT # N00000005072

1. Entity Name

CHRISTIAN RESTORATION MINISTRIES, INC.

05-18-2001 91566 003 *****70.00

Principal Place of Business

**3777 FREEMAN RD
 JACKSONVILLE FL 32207**

Mailing Address

**3777 FREEMAN RD
 JACKSONVILLE FL 32207**

2. Principal Place of Business

9800 Truchtm Rd

3. Mailing Address

9800 Truchtm Rd

Suite, Apt. #, etc.

Apt 1114

Suite, Apt. #, etc.

Apt 1114

City & State

JAX, FL

City & State

JAX, FL

Zip

32246

Country

FL

Zip

32246

Country

FL

4. FEI Number

59-3662028

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MATHIS, ABBIE
 3777 FREEMAN RD
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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

Abbie Mathis

5-11-01

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MATHIS, ABBIE**
 STREET ADDRESS **3777 FREEMAN RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
 NAME **BROWN, SANDRA**
 STREET ADDRESS **2344 BURGOWNE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete
 NAME **EDWARDS, SWINDELL MDIVMPA**
 STREET ADDRESS **3929 ST AUGUSTINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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:

Abbie Mathis

5-11-01

**WIK 904-363-5447
 Home 904-446-8282**

CR2E037 (10/00)