2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003
Secretary of State

DOCUMENT# N00000005618

Entity Name: CHRISTIAN HOUSE MINISTRIES, INC.

Current Principal Place of Business:

3331 SW SUNSET TRACE CIRCLE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

PO BOX 1166
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 65-1031529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOOD, ALAN D
3331 SW SUNSET TRACE CIRCLE
PALM CITY, FL 34990 US

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:	DC	( ) Delete
Name:	GOOD, ALAN D	
Address:	3331 SW SUNSET TRACE CIRCLE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	D	( ) Delete
Name:	GOOD, JANET M	
Address:	3331 SW SUNSET TRACE CIRCLE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	D	(X) Delete
Name:	FAULKNER, ROBERT C JR	
Address:	155 S NARANJA AVE	
City-St-Zip:	PORT ST LUCIE, FL 34953	
Title:	DT	(X) Delete
Name:	WILSON, GREGORY	
Address:	710 N BAYSHORE AVE	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DCT	(X) Change ( ) Addition
Name:	GOOD, ALAN D	
Address:	3331 SW SUNSET TRACE CIRCLE	
City-St-Zip:	PALM CITY, FL 34990	
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: ALAN D. GOOD C 03/10/2003

Electronic Signature of Signing Officer or Director — Date