

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007097

1. Entity Name

COMPASSIONATE CHRISTIAN MINISTRIES, INC.

Principal Place of Business

1832 NW 38TH AVENUE  
LAUDERHILL FL 33311

Mailing Address

1832 NW 38TH AVENUE  
LAUDERHILL FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

ALLEN, DESRENE  
4021 NE 2ND TERRACE  
POMPANO BEACH FL 33064

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**

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 PD  
NAME ALLEN, DESRENE  
STREET ADDRESS 4021 NE 2ND TERRACE  
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

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

TITLE D  
NAME ALLEN, KEITH  
STREET ADDRESS 4021 NE 2ND TERRACE  
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

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

TITLE D  
NAME WHITE, TAMARA  
STREET ADDRESS 380 NW 42 STREET  
CITY-ST-ZIP OAKLAND PARK FL 33309 ☐ Delete

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

TITLE D  
NAME NAIRNE, JOYCE  
STREET ADDRESS 3724 JACKSONV BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

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

TITLE D  
NAME HIBBERT, ELVENA  
STREET ADDRESS 3370 NW 14TH PLACE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

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

TITLE VP  
NAME NAIRNE, OSWALD L  
STREET ADDRESS 3754 JACKSON BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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: *Desrene Allen* ALLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-01 532-3149

Date Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90212 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)