

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90193 021 ****61.25

0058263

DOCUMENT # N00000007798

1. Entity Name

BUCKHANNON FAMILY MINISTRIES, INC.



Principal Place of Business

5005 BENEVA ROAD
SARASOTA FL 34233

Mailing Address

364 AVENIDA LEONA
SARASOTA FL 34242

2. Principal Place of Business

4001 Santa Barbara Blvd

3. Mailing Address

4001 Santa Barbara Blvd

Suite, Apt. #, etc.

#274

Suite, Apt. #, etc.

#274

City & State

Naples FL

City & State

Naples FL

Zip

34104

Country

USA

Zip

34104

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1068919

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUCKHANNON, ROBERT L	
STREET ADDRESS	364 AVENIDA LEONA	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BUCKHANNON, TANYA J	
STREET ADDRESS	364 AVENIDA LEONA	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHRISMAN, LAURA	
STREET ADDRESS	364 AVENIDA LEONA	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory P. Heller	
STREET ADDRESS	4001 Santa Barbara Blvd #274	
CITY-ST-ZIP	Naples FL 34104	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tanya J. Heller	
STREET ADDRESS	4001 Santa Barbara Blvd #274	
CITY-ST-ZIP	Naples FL 34104	
TITLE	TDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura Chrisman	
STREET ADDRESS	4001 Santa Barbara Blvd #274	
CITY-ST-ZIP	Naples FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura Chrisman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

239-417-8887

Date

Daytime Phone #

CPRE037 (10/02)