

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State
09-30-2002 90179 033 ****61.25

DOCUMENT # NO1000003963

1. Entity Name

EXCEL CHILDREN'S MINISTRY, INC.

Principal Place of Business

440 15TH AVE NW
JASPER FL 32052

Mailing Address

440 15TH AVE NW
JASPER FL 32052

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

59-3720633

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

CIRIGLIANO, JULIE M
486 N TEMPLE AVE
STARKE FL 32091

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 D ☐ Delete
NAME SMITH, DENNIS B
STREET ADDRESS 6395 SW 92 DR
CITY-ST-ZIP JASPER FL 32052

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

TITLE D ☐ Delete
NAME SMITH, PATRICIA L
STREET ADDRESS 6395 NW 92 DR
CITY-ST-ZIP JASPER FL 32052

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

TITLE D ☐ Delete
NAME WILSON, LESTER
STREET ADDRESS 7773 NW 25 LN
CITY-ST-ZIP JASPER FL 32052

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

TITLE D ☐ Delete
NAME WILSON, PHYLLIS
STREET ADDRESS 7773 NW 25 LN
CITY-ST-ZIP JASPER FL 32052

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

TITLE D ☐ Delete
NAME ROSS, ALAN B
STREET ADDRESS PO BOX 52
CITY-ST-ZIP JASPER FL 32052-0052

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

TITLE D ☐ Delete
NAME ROSS, JOYCE M
STREET ADDRESS PO BOX 52
CITY-ST-ZIP JASPER FL 32052-0052

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(386) 638-9908

CR2E037 (9/01)



Attachment
Doc. # No 100003963
678466

Community Christian School
440 NW 15th Avenue
Post Office Box 809
Jasper, Florida 32052
(386) 638-9908

September 10, 2002

Florida Department of State
Divisions of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

It is with deep regret that I am submitting this report and check late. I didn't realize the report had a May 1, 2002 deadline. It is MY fault and I apologize. We have lost our accountant and I am desperately trying to learn everything I need to know. In the coming years, I will be aware of the reports; forms and re-certifications necessary and will do better.

As for this year, I realize that by my failure to return the report in a timely fashion, we have run the risk of losing our status. Please advise me on this issue. I am terrified that I have made a tremendous error.

All assistance you can offer in this would be greatly appreciated.

Sincerely,

Joyce (Jo) Ross
Administrator