

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90179 046 *****70.00

DOCUMENT # N01000005935

1. Entity Name

C.E. GRAHAM MINISTRIES, INC.



Principal Place of Business

Mailing Address

5067 LOBLOLLY BAY LANE 320 N Lincoln Ave
ORLANDO FL 32829 Daytona Beach, FL 32114

2. Principal Place of Business

3. Mailing Address

Volusia County

320 N Lincoln Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach, FL

Daytona Beach, FL 32114

Zip

Country

Zip

Country

32114

Volusia

4. FEI Number 59-3737624

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

GRAHAM, CHARLES E
5067 LOBLOLLY BAY LANE 320 N Lincoln St
ORLANDO FL 32829 Daytona Beach, FL 32114

Name Graham Charles E
Street Address (P.O. Box Number is Not Acceptable)
320 N Lincoln Ave

City Daytona Beach FL Zip Code 32114

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

Charles E. Graham

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRAHAM, CHARLES E	
STREET ADDRESS	5067 LOBLOLLY BAY LANE	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GRAHAM, ERINNE A	
STREET ADDRESS	6216 CAMBRIDGE DR	
CITY-ST-ZIP	SUFFOLK VA 23435	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRAHAM, CHARVIN E	
STREET ADDRESS	PO BOX 207	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	
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		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Graham, Charles E.	
STREET ADDRESS	320 N Lincoln St.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
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		
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles E. Graham

May 17, 2003 386-255-1195

CR2E037 (10/02)