

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006832

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: CHRISTIAN EMPOWERMENT OPPORTUNITIES, INC.

Current Principal Place of Business:

515 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BCH, FL 32114

New Principal Place of Business:

Current Mailing Address:

515 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BCH, FL 32114

New Mailing Address:

FEI Number: 80-0005542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVINGTON, SYLVESTER
663 MADISON AVE.
DAYTONA BCH, FL 32114

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: D () Delete
Name: COVINGTON, SYLVESTER
Address: 663 MADISON AVE.
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: TAYLOR, KEVIN B
Address: 526 OAK ST.
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: COMBS, BARBARA
Address: 23 DARTMOUTH TERR.
City-St-Zip: ORMOND BCH, FL 32174

Title: D () Delete
Name: HARDING, SHARON
Address: 723 WINCHESTER ST.
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: HENDERSON, GEORGIA
Address: 303 RIVERSIDE DR., APT. 253
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: COVINGTON, GARRETTE
Address: 663 MADISON AVE.
City-St-Zip: DAYTONA BCH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEVIN TAYLOR

DP

04/22/2002

Electronic Signature of Signing Officer or Director

Date