

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-17-2003 90149 023 ****61.25

DOCUMENT # N02000000038

1. Entity Name

CHRISTIAN FAMILY LIFE MINISTRIES, INC.



Principal Place of Business

**438 ALONZO DRIVE
CRESTVIEW FL 32536**

Mailing Address

**438 ALONZO DRIVE
CRESTVIEW FL 32536**

2. Principal Place of Business

196 W Pine Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Crestview, FL

City & State

4. FEI Number

59-3744955

Applied For

Not Applicable

Zip

32536

Country

USA

Zip

Country

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

**TUCKER, THOMAS D IV
438 ALONZO DRIVE
CRESTVIEW FL 32536**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12 MAR 03

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 ☐ Delete

**CP
TUCKER, THOMAS D IV
438 ALONZO DRIVE
CRESTVIEW FL 32536**

TITLE ☐ Delete

**VC
TUCKER, TERESA N
438 ALONZO
CRESTVIEW FL 32536**

TITLE ☐ Delete

**HAY, CHRISTY
438 ALONZO DRIVE
CRESTVIEW FL 32536**

TITLE ☐ Delete

**S
MADISON, KARECA
438 ALONZO DRIVE
CRESTVIEW FL 32536**

TITLE ☐ Delete

**HENRY THOMAS D
501 E ROBINSON
CRESTVIEW FL 32536**

TITLE ☐ Delete

**HENRY THOMAS D
501 E ROBINSON
CRESTVIEW FL 32536**

TITLE ☐ Delete

**HENRY THOMAS D
501 E ROBINSON
CRESTVIEW FL 32536**

TITLE ☐ Delete

**HENRY THOMAS D
501 E ROBINSON
CRESTVIEW FL 32536**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**T Hay, Christy
504 Desoto Circle
Eglin AFB, FL 32542**

TITLE ☐ Change ☐ Addition

**S
Madison, Kareca
201 Byron Ct.
Crestview, FL 32536**

TITLE ☐ Change ☐ Addition

**HENRY THOMAS D
501 E ROBINSON
CRESTVIEW FL 32536**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Mar 03 (850) 678-7385

Date

Daytime Phone #

CR2037 (10/02)