

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90264 049 ****70.00

DOCUMENT # N03000005909

1. Entity Name
CHILDREN BORN IN CHRIST MINISTRIES, INC.



Principal Place of Business
**1463 SPEARING ST
JACKSONVILLE, FL 32206**

Mailing Address
**1463 SPEARING ST
JACKSONVILLE, FL 32206**

24058702



2. Principal Place of Business

3. Mailing Address

P.O. Box 3365

01092004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, Florida

4. FEI Number

86-1074408

Applied For

Not Applicable

Zip

Country

Zip

Country

32206

U.S.

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

**MCCRAY, JOHNNY M
1463 SPEARING ST
JACKSONVILLE, FL 32206**

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

Johnny McCray

(NOTE: Registered Agent signature required when reinstating)

4-27-04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 PD
NAME MCCRAY, JOHNNY M
STREET ADDRESS 1463 SPEARING ST
CITY-ST-ZIP JACKSONVILLE, FL 32206 ☐ Delete

TITLE V.P.
NAME PAULINE COPELAND
STREET ADDRESS 2150 EMERSON ST #209
CITY-ST-ZIP JAX FL 32207 ☐ Change ☒ Addition

TITLE D
NAME MCCRAY, CHARITY L
STREET ADDRESS 1463 SPEARING ST
CITY-ST-ZIP JACKSONVILLE, FL 32206 ☐ Delete

TITLE D
NAME CHARAY JONES
STREET ADDRESS 7816 Southside Blvd #222
CITY-ST-ZIP JAX, Florida 322 ☐ Change ☒ Addition

TITLE D
NAME BELL, WILLIE M
STREET ADDRESS 2150 EMERSON ST APT 186
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☐ Delete

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

TITLE D
NAME SASSER, VONEL
STREET ADDRESS 8030 OLD KINGS RD APT 58
CITY-ST-ZIP JACKSONVILLE, FL 32217 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Johnny McCray

(4-27-04)

Date

(904) 354-4407

Daytime Phone #