

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90211 047 \*\*\*\*70.00

**DOCUMENT # N04352**

1. Entity Name

**CHRISTIAN TRAINING MINISTRIES, INC.**

Principal Place of Business

Mailing Address

3122 DOWNING AVENUE  
 SEBRING FL 33870-1580

3122 DOWNING AVENUE  
 SEBRING FL 33870-1580

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

**59-2483802**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOWNING, LINDA M**  
**3122 DOWNING AVENUE**  
**SEBRING FL 33870-1580**

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	PD	<input type="checkbox"/> Delete
NAME	DOWNING, LINDA M	
STREET ADDRESS	3122 DOWNING AVENUE	
CITY-ST-ZIP	SEBRING FL 33870-1580	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOWNING, CHESTER D	
STREET ADDRESS	3122 DOWNING AVENUE	
CITY-ST-ZIP	SEBRING FL 33870-1580	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FLOYD, BARBARA	
STREET ADDRESS	10105 MUSTANG TRAIL	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWNING, CASEY L	
STREET ADDRESS	3915 ELSON AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REAVES, D J	
STREET ADDRESS	950 LAKE ANGELA DRIVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, ZAIDA B	
STREET ADDRESS	504 LAKE CLAY DR. SOUTH	
CITY-ST-ZIP	LAKE PLACID FL 33852-5161	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emma Lockett	
STREET ADDRESS	104 Hawk Avenue N.W.	
CITY-ST-ZIP	Lake Placid, FL 33852	
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)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Linda M. Downing*  
**LINDA M. DOWNING**

1/8/2002

Date

(863)314-9195

Daytime Phone #

CR2E037 (9/01)