

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90022 007 ****61.25

DOCUMENT # N13733

1. Entity Name

CHRISTIAN GOLFERS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

C/O RANDALL MULLINS
 415 FOURTH AVENUE NE
 LARGO FL 34640

415 4TH AVE. NE
 415 FOURTH AVENUE NE
 LARGO FL 33770
 US

2. Principal Place of Business

3. Mailing Address

9351 DELRAY DR
 Suite, Apt. #, etc.

9351 DELRAY DR
 Suite, Apt. #, etc.

City & State

City & State

NEWPORT RICHEY, FL
 Zip **34654** Country **PASCO**

NEWPORT RICHEY FL
 Zip **34654** Country **PASCO**

4. FEI Number

59-3021730

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

MULLINS, RANDALL
 415 FOURTH AVENUE NE
 LARGO FL 34640

Name

Street Address (P.O. Box Number is Not Acceptable)

9351 DELRAY DR

City

NEWPORT RICHEY FL

Zip Code

34654

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 NAME Delete
PD MULLINS, RANDALL
 STREET ADDRESS **415 4TH AVENUE NE**
 CITY-ST-ZIP **LARGO FL**

TITLE NAME Change Addition
9351 DELRAY DR
 STREET ADDRESS **NEWPORT RICHEY, FL**
 CITY-ST-ZIP **34654**

TITLE NAME Delete
STD MULLINS, RUTH ANN
 STREET ADDRESS **415 4TH AVE. NE**
 CITY-ST-ZIP **LARGO FL**

TITLE NAME Change Addition
9351 DELRAY DR
 STREET ADDRESS **NEWPORT RICHEY, FL**
 CITY-ST-ZIP **34654**

TITLE NAME Delete
VD HARPER, LARRY
 STREET ADDRESS **P O BOX 120943, N/A**
 CITY-ST-ZIP **CLERMONT FL**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: **Randall Mullins** / **Randall Mullins** 4-16-01 727-848-8112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)