

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

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DOCUMENT # N19385

1. Entity Name

CHRISTIAN DEVELOPMENT CENTER, INC.

08-21-2001 90033 017 ****61.25

Principal Place of Business

Mailing Address

1841 EVERGREEN AVENUE
 JACKSONVILLE FL 32206
 US

1841 EVERGREEN AVENUE
 JACKSONVILLE FL 32206
 US

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

59-2756832

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

SEYMORE, ALISA P.
3432 UPHILL TERRACE
JACKSONVILLE FL 32225

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
After September 12, 2001, min. will be \$236.25

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** Delete
 NAME **POLLARD, DESSIE B., JR.**
 STREET ADDRESS **9453 SAPPINGTON AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **POLLARD, PAULA L.**
 STREET ADDRESS **9453 SAPPINGTON AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **BEATON, JOHNNIE MAE**
 STREET ADDRESS **1514 VAN BUREN STREET**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MD** Delete
 NAME **SEYMORE, ALISA P.**
 STREET ADDRESS **3432 UPHILL TERRACE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **PRESHA, GERALDINE P.**
 STREET ADDRESS **1052 E. 10TH STREET**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: _____

[Handwritten Signature]
SIGNATURE REQUIRED

8/19/01

904 768-6589

CR2E037 (5/01)