2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90158 019 ****61.25

DOCUMENT N22770 (4)

1. Entity Name
CHRISTIAN HOMES, INC

Principal Place of Business	Mailing Address
~~307 MAIN ST~~ 802 S. 15TH ST P. O. BOX 1488 PALATKA FL 32178-1488 US	~~307 MAIN ST~~ P. O. BOX 1488 PALATKA FL 32178-1488 US 32178-1488

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 1488	P.O. BOX 1488
Suite, Apt. #, etc. 8025. 15th St.	Suite, Apt. #, etc.
City & State PALATKA, FL	City & State PALATKA, FL
Zip 32178 Country PUTNAM	Zip 32178 Country PUTNAM

4. FEI Number 59-2949083 ☐ 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
MILLER, TWILA C 802 S 15TH ST PALATKA FL 32177	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 Twila C Miller Twila C. Miller /DST 4/13/01
(Signature, typed or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when executed) 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 / STREET ADDRESS / CITY-ST-ZIP	VD GAFFNEY, VIRGINIA RT 1 BOX 310 BASS TRAIL CRESCENT FL 32112	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, ERNEST T 802 SOUTH 15TH ST. PALATKA, FL 00000	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MILLER, TWILA 802 SOUTH 15TH ST. PALATKA, FL 00000	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Twila Miller/Twila Miller - DST 4/13/01 904/328-0049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE