

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90263 049 ****61.25

DOCUMENT # N22770

1. Entity Name
CHRISTIAN HOMES, INC.

Principal Place of Business PO BOX 1488 802 15TH ST PALATKA FL 32178 US	Mailing Address PO BOX 1488 PALATKA FL 32178 US
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2949083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MILLER, TWILA C.
 307 MAIN ST
 PALATKA FL 32077**

7. Name and Address of New Registered Agent
 Name: **Miller, Twila C**
 Street Address (P.O. Box Number is Not Acceptable): **8605 N.E. 310th Ave**
 City: **Salt Springs, Fl. 32134**
 State: **FL** Zip Code: **32134**

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* (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/4/02

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE: D	NAME: MILLER, TWILA C.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 802 S. 15TH STREET	CITY-ST-ZIP: PALATKA FL	
TITLE: D	NAME: MILLER, ERNEST T.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 802 S. 15TH STREET	CITY-ST-ZIP: PALATKA FL	
TITLE: D	NAME: GAFFNEY, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS: RT. 1 BOX 310 (N/A)	CITY-ST-ZIP: CRESCENT CITY FL	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D	NAME: Miller, Twila C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8605 N.E. 310th Ave.	CITY-ST-ZIP: Salt Springs, Fl. 32134	
TITLE: D.	NAME: Miller, Ernest T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8605 N.E. 310th Ave.	CITY-ST-ZIP: Salt Springs, Fl. 32134	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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 C. Miller* REQUIRED 4/4/02 / 386/328-0049
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)