

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90142 035 ****61.25

DOCUMENT # N27691

1. Entity Name

CHRISTIAN FAMILY MINISTRIES, INC.

Principal Place of Business

Mailing Address

851 JOHNSON AVE
 STUART FL 34994
 US

851 JOHNSON AVE
 STUART FL 34995-0085
 US

2. Principal Place of Business

3. Mailing Address

205 Indian Grove

PO Box 85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART FL

Zip

34994

Country

USA

Zip

34995

Country

USA

4. FEI Number

65-0126443

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

SCHEER, SCOTT
4602 SE MANATEE LN
STUART FL 34997

Name **SCHEER, SCOTT**

Street Address (P.O. Box Number is Not Acceptable)
2432 SE ROCK SPRINGS DR.
PORT ST. LUCIE, FL

City

FL

Zip Code

34952

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	SCHEER, SCOTT	
STREET ADDRESS	4602 SE MANATEE LN	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHEER, CHERYL	
STREET ADDRESS	4602 SE MANATEE LN	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMAS, JEFFREY	
STREET ADDRESS	2571 S.W. GREENWICH WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

SCOTT A. SCHEER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000
 DATE

Daytime Phone #

CR2E037 (9/99)