

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90103 039 *****61.25

0056956

DOCUMENT # N31646

1. Entity Name

CHRUCH OF CHRIST MINISTRIES, INC.

Principal Place of Business

**12720 NORTH FLORIDA AVENUE
TAMPA FL 33612
US**

Mailing Address

**P.O. BOX 312
LUTZ FL 33548
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

59-2944711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCURRY, TERRY L
7216 WOODBROOK
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name

TERRY L. McCURRY

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

13310 LAKE GEORGE LANE

City

TAMPA

FL

Zip Code

33618

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

TITLE ☐ Delete
NAME **D LARSEN, DALE**
STREET ADDRESS **818 BLUEGRASS LANE**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Delete
NAME **D MCCURRY, TERRY L**
STREET ADDRESS **7216 WOODBROOK**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Delete
NAME **D STARKS, JAMES H**
STREET ADDRESS **23013 GENEVA ROAD**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE ☒ Delete
NAME **D CRACIUN, GEORGE G. J.**
STREET ADDRESS **12811 FLINT CREEK ROAD**
CITY-ST-ZIP **THONOTOSASSA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

813-855-4435

EXT 236

Date

Daytime Phone #

CR2E037 (10/00)