

FILED


03 JUL -3 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

500021463685
07/10/03--01060--006 **\$1.25



CHECK HERE IF MAKING CHANGES

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
13310 LAKE GEORGE LANE
TAMPA, FL 33618

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature of principal or principal of registered agent and MR # (optional) (NOTE: Registered Agent's signature depends upon structure) DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LARSEN, DALE 818 BLUEGRASS LANE BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			RONNIE JACKSON 1112 FOX CHAPEL DR. LUTZ, FL 33549
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			Bob Groves 24450 KARDAL LUTZ, FL 33549
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MCCURRY, TERRY L 7216 WOODBROOK TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D STARKS, JAMES H 23013 GENEVA ROAD LAND O LAKES, FL 34839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: J.H. Starks **J.H. Starks** 6/22/03 (813) 888 5353
DATE AND TIME FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

97/7/3