

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90005 014 ****61.25

DOCUMENT # N44614

1. Entity Name

THE CHRISTIAN NETWORK, INC.

Principal Place of Business

Mailing Address

14444 66TH ST., N.
 CLEARWATER FL 34624

P.O. BOX 383
 SAFETY HARBOR FL 34695-0383
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33764

4. FEI Number

59-3086047

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHREFFLER, ROBERT H.
14444 66TH STREET NORTH
CLEARWATER FL 33764

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

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 | P | <input type="checkbox"/> Delete |
| NAME | RUBECK, DUSTIN | |
| STREET ADDRESS | 14444 66TH ST. N. | |
| CITY-ST-ZIP | CLEARWATER FL 34624 | 33764 |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STUECHER, DAN | |
| STREET ADDRESS | 14444 66TH STREET NORTH | |
| CITY-ST-ZIP | CLEARWATER FL 33764 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUSAW, RICK | |
| STREET ADDRESS | 14444 66TH STREET NORTH | |
| CITY-ST-ZIP | CLEARWATER FL 33764 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SHREFFLER, ROBERT | |
| STREET ADDRESS | 14444 66TH ST. N. | |
| CITY-ST-ZIP | CLEARWATER FL 33764 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TAYLOR, ERIC J | |
| STREET ADDRESS | 2025 INDIAN ROCKS RD | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, PAUL | |
| STREET ADDRESS | 8 LAUREL AVE | |
| CITY-ST-ZIP | EAST ISLIP NY | |

| | | |
|----------------|--------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Williams, Paul | |
| STREET ADDRESS | 14444 66th Street North | |
| CITY-ST-ZIP | Clearwater, Fl 33764 | |

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:

Robert H Shreffler **REQUIRED**

Robert H Shreffler

2/11/00

727-536-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)