

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90178 042 \*\*\*\*61.25

0089237

**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 34695-9875  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3086047**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Tom Mullins	312 Northlake Blvd.	Palm Beach Gardens, FL 33418	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	John Walker	900 Red Mountain Road	Livermore, CO 80536	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Shreffler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/02 727-536-0036

CR2E037 (9/01)