4/25

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 18, 2001 8:00 am Secretary of State DOCUMENT # **N47015** 1. Entity Name 04-25-2001 90088 033 ****71.00 CHRISTIAN CARE MINISTRIES OF PLANT CITY, INC. Principal Place of Business Mailing Address 304 NORTH COLINS STREET 304 NORTH COLINS STREET PLANT CITY FL 33568 PLANT CITY FL 33566 2. Principal Place of Business 30 + N. Collins 3. Mailing Address 304 N. Coll Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PlanT City & State 4. FEI Number Applied For 59-3139161 Not Applicable H' fishoroug \$8.75 Additional ಶಿಶಿಕಿರಿ 5. Certificate of Status Desired 33566 llsborough Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORRIS, STEPHEN T **503 N. PALMER STREET** PLANT CITY FL 33566 City 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 Stoneture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (10/00) TITLE PRESIDENT XI Change ☐ Addition ☐ Delete TITLE PD LIER, Maxie MILLER NAME MAME SCHRYVER, BECKY STREET ADDRESS STREET ADDRESS 3610 BRUTON ROAD CITY-ST-ZIP CITY-ST-ZIP Plant City PLANT CITY FL 33565 coleman ☐ Change Addition TITLE TITLE VD 🛮 Delete NAME NAME WETHERINGTON, KEN 817 Russell DR STREET ADDRESS STREET ADORESS 1016 HOLLOWAY ROAD 1ant Citu CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567 ☐ Change Addition TITLE TITLE Delete NAME MAME Mallare MARRA, SHASTA -STREET ADORESS STREET ADDRESS 1122 HOLLOWAY ROAD CITY-ST-ZIP CITY-ST-ZIP -7011 PLANT CITY FL 33567 ☐ Addition ☐ Change TITLE ☐ Delete TITLE Treasurer NAME NAME GRANGER, DOUGLAS W STREET ADDRESS STREET ADDRESS 201 DORT STREET, STE. A CITY-ST-ZIP CITY-ST-7IP PLANT CITY FL 33566 tere Morris X Addition Delete TITLE TITLE 3358 Silver MOON DR NAME NAME TANKSLEY, CINDI M STREET ADDRESS STREET ADDRESS 304 NORTH COLINS STREET CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 ■ Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS 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.