

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

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90069 042 ****61.25

DOCUMENT # N51287

1. Entity Name

NETWORK OF CHRISTIAN MINISTRIES, INC.



Principal Place of Business

**1300 S. OLIVE AVE.
W PALM BEACH FL 33401**

Mailing Address

**P.O. BOX 1496
W PALM BEACH FL 33402-1496
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 **65-0354886**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WELLS, MARJORIE R.
4849 SABLE PINE CIR.
C-1
W PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name **JACK D. WELLS**
Street Address (P.O. Box Number is Not Acceptable)
**4849 Sable Pine Cir
C-1**
City **West Palm Bch** FL Zip Code **33417**

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

Jack D Wells

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

FILE NOW: FEE IS \$61.25

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	P	<input type="checkbox"/> Delete
NAME	WELLS, JACK D.	
STREET ADDRESS	1300 S OLIVE AVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LENEVE, LAWRENCE W	
STREET ADDRESS	143 EBBRIDE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASURE, DAVID R	
STREET ADDRESS	11834 DONLLIN DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARTHUR, AUDREY	
STREET ADDRESS	4581 GRAND CYPRESS RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENOCHS, LARRY	
STREET ADDRESS	1189 SUNSET BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRILL, EASTMAN	
STREET ADDRESS	7866 NORTH FORK DR.	
CITY-ST-ZIP	WEST PALM BCH, FL 33411	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHACKLEFORD JIM	
STREET ADDRESS	5343 NORTHLAKE BLVD	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANCHETT, TERRY	
STREET ADDRESS	3301 ELECTRONICS WAY	
CITY-ST-ZIP	WEST PALM BCH, FL 33407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORTON, JOE	
STREET ADDRESS	P.O Box 2007	
CITY-ST-ZIP	HOBE SOUND, FL 33475	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merrill, Eastman	
STREET ADDRESS	7866 North Fork Dr.	
CITY-ST-ZIP	West Palm Bch, Fl 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/10/03 561-832-3576

CR2E037 (10/02)