

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90098 013 ****61.25

DOCUMENT # N93000001654

1. Entity Name

COME TO JESUS CHRISTIAN STORE, MAIL AND SERVICE

Principal Place of Business

Mailing Address

2301 NW 155TH ST.
 OPA LOCKA FL 33054

2301 NW 155TH ST.
 OPA LOCKA FL 33054-2750

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

65-0371911

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

HORTON, MELVIN D
2301 NW 155TH ST.
OPA LOCKA FL 33054

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: Delete
 NAME: **DP BLANFORD, JUANITA**
 STREET ADDRESS: **2301 NW 155TH ST.**
 CITY-ST-ZIP: **OPA LOCKA FL 33054**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **DS BLANFORD, MICHAEL**
 STREET ADDRESS: **2301 NW 155TH ST.**
 CITY-ST-ZIP: **OPA LOCKA FL 33054**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **D HECTOR, MINERVA**
 STREET ADDRESS: **1231 WILMINGTON ST.**
 CITY-ST-ZIP: **OPA LOCKA FL 33054**

TITLE: Change Addition
 NAME: **VICE CHAIRPERSON**
 STREET ADDRESS: **KRISTINA RENE BLANFORD**
 CITY-ST-ZIP: **2301 NW 155th STREET**
OPA LOCKA, FL 33054

TITLE: Delete
 NAME: **D BLANFORD, ANTHONY**
 STREET ADDRESS: **2301 NW 155TH ST.**
 CITY-ST-ZIP: **OPA LOCKA FL 33054**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **D COCKFIELD, NATHAN**
 STREET ADDRESS: **2301 NW 155TH ST.**
 CITY-ST-ZIP: **OPA LOCKA FL 33054**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **D BLANFORD, LOUISE**
 STREET ADDRESS: **2301 NW 155TH ST.**
 CITY-ST-ZIP: **OPA LOCKA FL 33054**

TITLE: Change 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:

JUANITA BLANFORD

4/26/00

305-685-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1017 (9/99)