

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001897

1. Entity Name

CHRIST MINISTRIES, INCORPORATED

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90033 028 ****61.25

Principal Place of Business

1301 NEW TOWN AVENUE
 ORLANDO FL 32835

Mailing Address

P.O. BOX 681803
 ORLANDO FL 32868-1803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0404671

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, EARL W SR.
 1301 NEW TOWN AVE
 ORLANDO FL 32835

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 PD ☐ Delete
 NAME CARTER, EARL W SR.
 STREET ADDRESS 1301 NEW TOWN AVE.
 CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Change ☒ Addition
 NAME DM Hennings, Rattrick Rev.
 STREET ADDRESS 290 Travel Way
 CITY-ST-ZIP Williamsville, NY 14221

TITLE VPA ☐ Delete
 NAME CARTER, BEVERLY A
 STREET ADDRESS 1301 NEW TOWN AVE.
 CITY-ST-ZIP ORLANDO FL 32835

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

TITLE D ☐ Delete
 NAME FLOWERS, MINNIE L MRS
 STREET ADDRESS 4875 35TH AVE.
 CITY-ST-ZIP VERO BEACH FL 32967

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

TITLE AVP ☐ Delete
 NAME CHAMPION, WILLIAM REV
 STREET ADDRESS 2650 N COMANCHE PT.
 CITY-ST-ZIP CRYSTAL RIVER FL 34429

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

TITLE DM ☒ Delete
 NAME HAGABROOK, CHARLES REV
 STREET ADDRESS 6240 FULTON COURT
 CITY-ST-ZIP ORLANDO FL 32835

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Earl W. Carter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/00

Date

407-295-3168

Daytime Phone #

CR2E037 (9/99)