

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003070

1. Entity Name

CHRISTIAN EDIFICATION CONFERENCE, INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90197 039 ****61.25

Principal Place of Business

RT 1 HWY 90 WEST
P.O. BOX 322
COTTONDALE FL 32431
US

Mailing Address

POST OFFICE BOX 393
POST OFFICE 322
COTTONDALE FL 32431
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

59-3199386

Applied For

Not Applicable

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

JOHNSON, JACKIE

4067
3263 NORTH MAIN STREET Hwy 90 E
COTTONDALE FL 32431

Name

Street Address (P.O. Box not permitted)

FL

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

(NOT a Registered Agent's 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 D
NAME JOHNSON, JACKIE ☐ Delete
STREET ADDRESS 199 RIVER ROAD
CITY-ST-ZIP BAINBRIDGE GA 31717

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

TITLE D
NAME GILBERT, RANDAL ☐ Delete
STREET ADDRESS 1826 GAINER RD
CITY-ST-ZIP CHIPLEY FL 32428-6041

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

TITLE DS
NAME JOHNSON, BONNIE ☐ Delete
STREET ADDRESS 199 RIVER ROAD
CITY-ST-ZIP BAINBRIDGE GA 31717

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

TITLE S
NAME HAYES, ELDORA ☐ Delete
STREET ADDRESS PO BOX 467
CITY-ST-ZIP ALFORD FL 32420

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

TITLE D
NAME PULLMAN, Beleena ☐ Delete
STREET ADDRESS 4861 TRAILOR PARK DR
CITY-ST-ZIP MARIANNA FL 32448

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jackie Johnson

Date

4/06/02

Daytime Phone #

850-591-1078

CR2E037 (9/01)