

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90136 012 \*\*\*\*61.25

**DOCUMENT # N93000003379**

1. Entity Name

**MARY CRAIG MINISTRIES, INC.**

Principal Place of Business

Mailing Address

5991 NORTHEAST 18TH TERRACE  
 FORT LAUDERDALE FL 33308

5991 NORTHEAST 18TH TERRACE  
 FORT LAUDERDALE FL 33308-2103

001003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0429517

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

**CRAIG, W J**  
**5991 NORTHEAST 18TH TERRACE**  
**FORT LAUDERDALE FL 33308**

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

*Walter J. Craig*  
 Signature, typed or printed name of registered agent and title if applicable.

*President JAN. 6, 2000*  
 (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CRAIG, MARY</b><br><b>5991 NE 18TH TERRACE</b><br><b>FT LAUDERDALE FL 33308</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>COLLINS, JACKIE</b><br><b>2826 S.W. 176 TERRACE</b><br><b>MIRAMAR FL</b>               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>COX, BYRON</b><br><b>3355 N.W. 63 ST.</b><br><b>FORT LAUDERDALE FL</b>                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>COX, STACY</b><br><b>3355 N.W. 63 ST.</b><br><b>FT. LAUDERDALE FL</b>                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>BARLOW, WANDA CPA</b><br><b>8246 NW 16 STREET</b><br><b>CORAL SPRINGS FL</b>           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>LAMBERTUS, DONNA</b><br><b>2306 CYPRESS BEND DRIVE, 119</b><br><b>POMPANO BEACH FL</b> | <input checked="" type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT / DIRECTOR</b><br><b>WALTER J. CRAIG</b><br><b>5991 NE 18 Terrace</b><br><b>Ft. Lauderdale, FL 33308</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CLANTON, JACKIE COLLINS</b><br><b>2826 SW 176 Terrace</b><br><b>Miramar, FL 33029</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DEBORAH NYCE</b><br><b>1461 NE 28 PLACE</b><br><b>WILTON MANORS, FL 33334</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR, VICE PRES.</b><br><b>CRAIG, JOANNA</b><br><b>5991 NE 18 Terrace</b><br><b>Ft. Lauderdale, FL 33308</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR</b><br><b>RICHARDSON, DR. MARK</b><br><b>733 SE Second Street</b><br><b>Deerfield Beach, FL 33441</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY</b><br><b>COLE, MARLA</b><br><b>3179 Cocoplum Circle</b><br><b>Coconut Creek, FL 33063</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:

*Walter J. Craig*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JAN. 6, 2000*  
 DATE

*954-491-7270*  
 Daytime Phone #

CR2E037 (9/99)