

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90045 015 ****61.25

DOCUMENT # N93000003379

1. Entity Name

MARY CRAIG MINISTRIES, INC.

Principal Place of Business

5991 NORTHEAST 18TH TERRACE
 FORT LAUDERDALE FL 33308

Mailing Address

5991 NORTHEAST 18TH TERRACE
 FORT LAUDERDALE FL 33308

905186



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

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

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 **WALTER J. CRAIG PRES**

JAN. 7, 2002

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 **D CRAIG, MARY**
 STREET ADDRESS **5991 NE 18TH TERRACE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE Change Addition
 NAME **D NYCE, DEBORAH**
 STREET ADDRESS **1461 NE 28 Place**
 CITY-ST-ZIP **WILTON MANORS, FL**

TITLE Delete
 NAME **D COLLINS CLANTON, JACKIE**
 STREET ADDRESS **2826 S.W. 176 TERRACE**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE Change Addition
 NAME **President, Director**
 STREET ADDRESS **REV. JIM CRAIG**
 CITY-ST-ZIP **5991 NE 18 Terrace**
Ft. Lauderdale, FL 33308

TITLE Delete
 NAME **D RICHARDSON, DR. MARK**
 STREET ADDRESS **733 SE 2ND ST**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE Change Addition
 NAME **1275 SW 46 Ave. #1507**
 STREET ADDRESS **POMPANO BEACH, FL 33069**
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD CRAIG, JOANNA L**
 STREET ADDRESS **3017 S COLUMBUS ST A1**
 CITY-ST-ZIP **ARLINGTON VA 22206**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **I BARLOW, WANDA CPA**
 STREET ADDRESS **8246 NW 16 STREET**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME **T D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD COLE, MARLA**
 STREET ADDRESS **3179 COCOPLUM CIRCLE**
 CITY-ST-ZIP **POMPANO BEACH FL 33063**

TITLE Change Addition
 NAME **123 Carriage Ln**
 STREET ADDRESS **MADISON, MS 39110**
 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:

Walter J. Craig **WALTER J. CRAIG PRES. JAN. 7, 2002 954-491-7270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)