

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004762

1. Entity Name

CHRISTIAN EDUCATIONAL MINISTRIES, INC.

**FILED**  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90081 015 \*\*\*\*\*65.00

0020182

Principal Place of Business

3401 NW 34 ST  
STE 5  
GAINESVILLE FL 32605  
US

Mailing Address

3401 NW 34 ST  
STE 5  
GAINESVILLE FL 32605  
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

59-3201145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EPPERSON, ALISA S  
3401 NW 34TH ST  
STE 5  
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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

TITLE  
NAME MSPD  
STREET ADDRESS EPPERSON, ALISA S  
CITY-ST-ZIP 15309 NW 89TH ST.  
ALACHUA FL 32615 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS BARRAM, ROBERT  
CITY-ST-ZIP 2103 NW 36 TERR  
GAINESVILLE FL 32605 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS HEWITT, RHONDA  
CITY-ST-ZIP 4908 NW 173 ST  
ALACHUA FL 32615-2141 ☐ Delete

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME D William Barker ☐ Change ☒ Addition  
STREET ADDRESS 3905 NW 34 Place  
CITY-ST-ZIP Gainesville, FL 32606

TITLE  
NAME D David Hughes ☐ Change ☒ Addition  
STREET ADDRESS 11329 NW 33 Ave.  
CITY-ST-ZIP Gainesville, FL 32606

TITLE  
NAME D Gary Thomas ☐ Change ☒ Addition  
STREET ADDRESS 6003 NW 112 Place  
CITY-ST-ZIP Alachua, FL 32653

TITLE  
NAME D Rick Chandler ☐ Change ☒ Addition  
STREET ADDRESS 6801 NW 93 Ave.  
CITY-ST-ZIP Gainesville, FL 32653

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

TITLE  
NAME ☐ Change ☐ Addition  
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

Date

Daytime Phone #

2-9-01 371-1075

CR2E037 (10/00)