

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004762

1. Entity Name

CHRISTIAN EDUCATIONAL MINISTRIES, INC.

FILED

Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90028 044 ****61.25

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

Christian Educational Ministries, Inc.

3. Mailing Address

PO Box 358568

Suite, Apt. #, etc.

3508 NW 19 Street

Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32605

Country
U.S.A.

Zip
32635-8568

Country
U.S.A.

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)

3508 NW 19 Street

City Gainesville

FL Zip Code
32605

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

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

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

TITLE D
NAME BARKER, WILLIAM
STREET ADDRESS 3905 NW 34 PLACE
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE D
NAME HUGHES, DAVID
STREET ADDRESS 11329 NW 33 AVENUE
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE D
NAME THOMAS, GARY
STREET ADDRESS 6003 NW 112 PLACE
CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02 352-371-1075

Date

Daytime Phone #

CR2E037 (9/01)