

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90101 024 ****61.25

DOCUMENT # N93000004762

1. Entity Name
CHRISTIAN EDUCATIONAL MINISTRIES, INC.



Principal Place of Business
**CHRISTIAN EDUCATIONAL MINISTRIES INC
3508 NW 19 STREET
GAINESVILLE FL 32605
US**

Mailing Address
**PO BOX 358568
GAINESVILLE FL 32635-8568
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country



☐ CHECK HERE IF MAKING CHANGES

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
3508 NW 19 STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alisa S. Epperson* **1-29-03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MSPD			
	EPPERSON, ALISA S	15309 NW 89TH ST.	ALACHUA FL 32615	
	D			
	BARRAM, ROBERT	2103 NW 36 TERR	GAINESVILLE FL	
	D			
	HEWITT, RHONDA	4908 NW 173 ST	ALACHUA FL 32615-2141	
	D			
	BARKER, WILLIAM	3905 NW 34 PLACE	GAINESVILLE FL 32606	
	D			
	HUGHES, DAVID	11329 NW 33 AVENUE	GAINESVILLE FL 32606	
	D			
	THOMAS, GARY	6003 NW 112 PLACE	GAINESVILLE FL 32653	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input 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: *OSIGNATURE REQUIRED* **1-29-03 (352) 371-1075**

CR2E037 (10/02)