

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000691

1. Entity Name

CHRISTIAN FOUNDATION MINISTRIES, INC.

FILED

Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90258 019 ****61.25

Principal Place of Business

Mailing Address

9018 LAKE SHORE DR.
YALAHUA FL 34797

9018 LAKE SHORE DR.
YALAHUA FL 34797

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

NOT APPLICABLE

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

GRAINGER, JAMES G
9018 LAKE SHORE DR.
YALAHUA FL 34797

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRAINGER, JAMES G.	
STREET ADDRESS	9018 LAKE SHORE DR.	
CITY-ST-ZIP	YALAHUA FL 34797	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUTTON, DENNIS M	
STREET ADDRESS	31641 ALANE CT.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLON, ROCKY	
STREET ADDRESS	P.O. BOX 1321-N/A	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILDEBRAND, JAY	
STREET ADDRESS	744 E STATE RD 44	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(j), 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:

James G. Grainger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES G. GRAINGER 3-27-2002 352 (324-2773)
Date Daytime Phone #

CR2E037 (9/01)