

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004091**

1. Entity Name

CHRISTIAN INTERNATIONAL MINISTRIES, INC.**FILED****Apr 01, 2002 8:00 am**
Secretary of State

04-01-2002 90055 001 ****61.25

0094384

Principal Place of Business

**6963 SYLVAN WOODS DR
SANFORD FL 32771
US**

Mailing Address

**PMB 212
931 N SR 434, STE 1201
ALTAMONTE SPRINGS FL 32714-7050
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 **59-3263838**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**JOHNSON, LORAN A
215 N EOLA DR
ORLANDO FL 32801****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 \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	MCDONALD, NEVILLE G	
STREET ADDRESS	6963 SYLVAN WOODS DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	MCDONALD, WENDY A	
STREET ADDRESS	6963 SYLVAN WOODS DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, FREDDIE L	
STREET ADDRESS	6963 SYLVAN WOODS DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAE, DOROTHEA M	
STREET ADDRESS	6963 SYLVAN WOODS DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Date

Daytime Phone #

CR2E037 (9/01)