

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000370**

1. Entity Name

CHRISTIAN MINISTRY CONCEPTS, INC.

Principal Place of Business

**4288 GROVEWOOD LANE
TITUSVILLE FL 32780**

Mailing Address

**P.O. BOX 1822
TITUSVILLE FL 32781
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**PATZKE, RICHARD W
4288 GROVEWOOD LANE
TITUSVILLE FL 32780**

4. FEI Number

59-3312553

Applied For

Not Applicable

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

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 STREET ADDRESS CITY - ST - ZIP	PCD PATZKE, RICHARD W 4288 GROVEWOOD LANE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PATZKE, CARLA 4288 GROVEWOOD LANE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLINE, ARTHUR JR. 4010 COQUINA AVENUE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CLINE, KAY 4010 COQUINA AVENUE TITUSVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUDGINS, LAMAR 1881 FRIARS COURT TITUSVILLE FL 32796	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDGINS, ANNETTE 1881 FRIARS COURT TITUSVILLE FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90334 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)