

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90314 019 \*\*\*\*61.25

0072641

**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

4. FEI Number **59-3312553**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Richard W. Patzke*

4/17/03

321-264-0061

CR2E037 (10/02)