

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90119 003 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000002133

1. Entity Name

CHRISTIAN INTERNATIONAL MISSIONS UNLIMITED, INC.

Principal Place of Business

30 APOSTLES WAY
SANTA ROSA BEACH FL 32459
US

Mailing Address

30 APOSTLES WAY
SANTA ROSA BEACH FL 32459
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

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

JENNINGS, WILLIAM K
99 N 6 ST
DEFUNIAK SPRINGS FL 32433

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	BUCK, DARRELL	30 APOSTLES WAY	SANTA ROSA BEACH FL 32459	☐	☐
VD	BUCK, LENORA	30 APOSTLES WAY	SANTA ROSA BEACH FL 32459	☐	☐
D	ERVIN, JIM	100 APOSTLES WAY	SANTA ROSA BEACH FL 32459	☐	☐
D	BUCK, DAVID	30 APOSTLES WAY	SANTA ROSA BEACH FL 32459	☐	☐
D	BUCK, BRIAN	2690 MT VERNON RD	DUNWOODY GA 30338	☐	☐
D	BUCK, RICHARD	8716 E OAK ST	SCOTTSDALE AZ 85257	☐	☐

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 #

Feb 28, 2001 850-231-9481

CR2E037 (10/00)