

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N95000002329

1. Entity Name

CHRIST AID, INC.

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90004 004 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4150 MT STERLING  
 TITUSVILLE FL 32780  
 US

P.O. BOX 854  
 MIMS FL 32754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3353310

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADLEY, FRANCIS M  
 427 TIMBERLAKE DRIVE  
 MELBOURNE FL 32940

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**  
**After September 13, 2000 min. will be \$236.25**

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 PD  Delete  
 NAME CHAMBERLAIN, JEFF  
 STREET ADDRESS 4150 MT STERLING  
 CITY-ST-ZIP TITUSVILLE FL

TITLE C  Change  Addition  
 NAME Raymond Pena Jr.  
 STREET ADDRESS 1145 Ranchero Ave  
 CITY-ST-ZIP Titusville, FL 32780

TITLE VD  Delete  
 NAME CHAMBERLAIN, JOYCE  
 STREET ADDRESS 4150 MT STERLING  
 CITY-ST-ZIP TITUSVILLE FL

TITLE D  Change  Addition  
 NAME Aymee Pena  
 STREET ADDRESS 1145 Ranchero Ave  
 CITY-ST-ZIP Titusville, FL 32780

TITLE D  Delete  
 NAME ISER, MICHAEL  
 STREET ADDRESS 4150 MT STERLING AVE  
 CITY-ST-ZIP TITUSVILLE FL 32780

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: Joyce Chamberlain Date: 7-10-2000 Daytime Phone #: 321-383-3168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)