

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90004 028 \*\*\*\*61.25

645442



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N96000004964**

1. Entity Name

**CHRIST CENTERED MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**353 STACEY RD  
OAK HILL FL 32579**

**353 STACEY RD  
OAK HILL FL 32579**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3432198**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**RICE, DOUGLAS J  
353 STACEY RD  
OAK HILL FL 32579**

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 Douglas J Rice

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-00

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	PD	<input type="checkbox"/> Delete
NAME	RICE, DOUGLAS J	
STREET ADDRESS	353 STACEY RD	
CITY-ST-ZIP	OAK HILL FL 32579	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICE, JEAN A	
STREET ADDRESS	353 STACEY RD	
CITY-ST-ZIP	OAK HILL FL 32579	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LYONAS, PRISCILLA	
STREET ADDRESS	354 JARDINE AVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, MICHAEL J	
STREET ADDRESS	3803 MIDWAY DR	
CITY-ST-ZIP	VALDOSTA GA 31602	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, CHRISTINE J	
STREET ADDRESS	3803 MIDWAY DR	
CITY-ST-ZIP	VALDOSTA GA 31602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICE, CHERYL D	
STREET ADDRESS	5310 WEIRWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32810	

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD Cheryl Bell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	353 Stacey Gr Rd	
STREET ADDRESS	Oak Hill, FL 32579	
CITY-ST-ZIP		
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		
STREET ADDRESS		
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: Douglas J Rice **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 904 345-0723

Date

Daytime Phone #

CR2E037 (9/99)