

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004964

1. Entity Name

CHRIST CENTERED MINISTRIES, INC.

Principal Place of Business

353 STACEY RD  
OAK HILL FL 32579

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-3432198

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

RICE, DOUGLAS J  
353 STACEY RD  
OAK HILL FL 32579

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 PD ☐ Delete  
NAME RICE, DOUGLAS J  
STREET ADDRESS 353 STACEY RD  
CITY-ST-ZIP OAK HILL FL 32579

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

TITLE VD ☐ Delete  
NAME RICE, JEAN A  
STREET ADDRESS 353 STACEY RD  
CITY-ST-ZIP OAK HILL FL 32579

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

TITLE STD ☐ Delete  
NAME BELL, CHERYL  
STREET ADDRESS 353 STACEY CR., RD  
CITY-ST-ZIP OAK HILL FL 32759

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

TITLE D ☐ Delete  
NAME CAMPBELL, MICHAEL J  
STREET ADDRESS 3803 MIDWAY DR  
CITY-ST-ZIP VALDOSTA GA 31602

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

TITLE D ☐ Delete  
NAME CAMPBELL, CHRISTINE J  
STREET ADDRESS 3803 MIDWAY DR  
CITY-ST-ZIP VALDOSTA GA 31602

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

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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

904 345 0723

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE