

2002 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

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

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

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

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

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

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

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

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

TITLE D
NAME CAMPBELL, CHRISTINE J ☐ Delete
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: *Douglas J. Rice* REQUIRED *4/24/02 386 345 0723*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90038 017 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3432198 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/01)