

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90017 047 ****61.25

DOCUMENT # N96000005227

1. Entity Name

FOR ALL "HIS" CHILDREN, CHRISTIAN MINISTRIES, IN

Principal Place of Business

Mailing Address

2347 FLORIDA DR
 DELTONA FL 32738

P O BOX 390081
 DELTONA FL 32739-0081
 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

59-3450894

Applied For

Not Applicable

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

GREGORY, PHYLLIS B
2347 FLORIDA DR
DELTONA FL 32738

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	DP	<input type="checkbox"/> Delete
NAME	GREGORY, PHYLLIS B	
STREET ADDRESS	2347 FLORIDA DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GREGORY, MARK E	
STREET ADDRESS	2347 FLORIDA DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	DT	<input type="checkbox"/> Delete
NAME	YOUNG, NATALIE	
STREET ADDRESS	1519 GREGORY DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	BC	<input type="checkbox"/> Delete
NAME	YOUNG, CHRISTOPHER	
STREET ADDRESS	1519 GREGORY DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" 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		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boerum, Dawn	
STREET ADDRESS	1068 Shepherd Ave.	
CITY-ST-ZIP	Deltona FL 32738	
TITLE	BC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boerum, Philip	
STREET ADDRESS	1068 Shepherd Ave	
CITY-ST-ZIP	Deltona, FL 32738	

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: *Phyllis B Gregory* President 3-6-00 904-532-2776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

N96000005227

919134

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FOR ALL "HIS" CHILDREN, CHRISTIAN MINISTRIES, INC.

OFFICERS AND DIRECTORS ADDITIONS

TITLE BC
NAME Hamilton, Theodore
STREET ADDRESS 2950 Surf Dr
CIT-ST-ZIP Deltona, FL 32738

Phyllis Gregory

Phyllis Gregory

3-6-00

904-532-2776