

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90050 017 \*\*\*\*61.25

**DOCUMENT # N96000005227**

1. Entity Name

**FOR ALL "HIS" CHILDREN, CHRISTIAN MINISTRIES, IN**

Principal Place of Business

2347 FLORIDA DR  
 DELTONA FL 32738

Mailing Address

P O BOX 390081  
 DELTONA FL 32739  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**777 Deltona Blvd.**

3. Mailing Address

**PO Box 390503**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 13**

City & State

**Deltona, Florida**

City & State

**Deltona, Florida**

4. FEI Number

**59-3450894**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

Zip

**32725**

Country

**USA**

Zip

**32739**

Country

**USA**

6. Name and Address of Current Registered Agent

**GREGORY, PHYLLIS B**  
**2347 FLORIDA DR**  
**DELTONA FL 32738**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DV	<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	DS	<input type="checkbox"/> Delete
NAME	BOERUM, DAUN	
STREET ADDRESS	1068 SHEPHERD AVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	BC	<input type="checkbox"/> Delete
NAME	BOERUM, PHILIP	
STREET ADDRESS	1068 SHEPHERD AVE	
CITY-ST-ZIP	DELTONA FL 32738	

TITLE	BC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hamilton, Theodore	
STREET ADDRESS	2950 surf Drive	
CITY-ST-ZIP	Deltona, FL 32738	
TITLE	BC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kerr, Donald	
STREET ADDRESS	61 Gardenia Ct	
CITY-ST-ZIP	Orange City FL 32763	
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: **SIGNATURE REQUIRED Gregory, Pres.** 7-2-01 407-575-4623  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)