

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91124 035 ****61.25

DOCUMENT # N96000005227

1. Entity Name

FOR ALL "HIS" CHILDREN, CHRISTIAN MINISTRIES, IN C.

Principal Place of Business

Mailing Address

777 DELTONA BLVD.
 SUITE 13
 DELTONA FL 32725

P O BOX 390503
 DELTONA FL 32739
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

777 Deltona Blvd #24

Suite, Apt. #, etc.

777 Deltona Blvd #24

City & State
 Deltona, FL

City & State
 Deltona FL

Zip
 32725

Country
 Volusia

Zip
 32725

Country
 Volusia

4. FEI Number

59-3450894

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP GREGORY, PHYLLIS B 2347 FLORIDA DR DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREGORY, MARK E 2347 FLORIDA DR DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOUNG, NATALIE 1519 GREGORY DR DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC YOUNG, CHRISTOPHER 1519 GREGORY DR DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOERUM, DAUN 1068 SHEPHERD AVE DELTONA FL 32738	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC BOERUM, PHILIP 1068 SHEPHERD AVE DELTONA FL 32738	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC Kerry Donald 61 Gardenia Ct Orange City FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS, DV Gregory - Mark E 2347 Florida Dr Deltona FL 32738	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC Hamilton Ruth 2950 Surf Dr Deltona, FL 32738	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC Hamilton Theodora 2950 Surf Dr Deltona, F 32738	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-26-02

Date

Daytime Phone #

CR2E037 (9/01)