## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600005227 1. Entity Name

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

777 DELTONA DIND

Principal Place of Business

777 DELTONA BLVD.

Suite, Apt. #, etc.

SUITE 13 DELTONA FL 32725 Mailing Address

P O BOX 390503 DELTONA FL 32739

US

777 Deltoni Blo #24 777 Delton Blus = 24

Principal Place of Business
 3. Mailing Address

Suite, Apt. #, etc.

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

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



DO NOT WRITE IN THIS SPACE

Steet Address of Status Desired   Sa. 75 Additional Fee Required	Citys State Deltona, FC D			City & State  De Itona A	City & State Deltona FL		4. FEI Number 59-3450894		
SIGNATURE  Signature investor price or price of	327;	25		3 <sup>Zip</sup> 32725	5. Certificate of Status Desired \$8.75 Additional				
Name	-	6. Name		legistered Agent					
2347 FLORIDA DR DELTONA FL 32738  City  FL  Zip Code  6. 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					Name				
BLITONA FL 32738  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Fiorida.  SIGNATURE  Signature, present of principle and the insulation of the purpose of changing its registered agent, or both, in the state of Fiorida.  SIGNATURE  Signature, present of principle and the insulation of the purpose of changing its registered agent, or both, in the state of Fiorida.  SIGNATURE  Signature, present of principle agent and the insulation.  OATE  FILE NOW: FEE IS \$61.25  9. Election Composign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  NAME SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIR						Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE    Signature   State   State									
B. 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	DELIUNA	FL 32738			City	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	I 7:- 0- 1-	
SIGNATURE    Signature, yound or prised name or requiremed agent and title if applicable. (NOTE Requiremed Agent signature required when minimistry)   DATE								Zip Code	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.    ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.   Change   Addition	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.								
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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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Davtime Phone #

3R2E037 (9/