

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90174 031 ****61.25

UBR 11/02

DOCUMENT # N96000005227

1. Entity Name
FOR ALL "HIS" CHILDREN, CHRISTIAN MINISTRIES, IN C.



Principal Place of Business Mailing Address

**777 DELTONA BLVD.
SUITE 24
DELTONA FL 32725**

**777 DELTONA BLVD.
SUITE 24
DELTONA FL 32725
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**

6. Name and Address of Current Registered Agent

**GREGORY, PHYLLIS B
777 DELTONA BLVD.
#13
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name: **Gregory Phyllis B**
Street Address (P.O. Box Number is Not Acceptable): **777 Deltona Blvd #24**
Deltona
City **FL** Zip Code **32725**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GREGORY, PHYLLIS B | |
| STREET ADDRESS | 2347 FLORIDA DR | |
| CITY-ST-ZIP | DELTONA FL 32738 | |
| TITLE | DSDV | <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 | BC | <input type="checkbox"/> Delete |
| NAME | KERR, DONALD | |
| STREET ADDRESS | 61 GARDENIA CT | |
| CITY-ST-ZIP | ORANGE CITY FL 32763 | |
| TITLE | BC | <input type="checkbox"/> Delete |
| NAME | HAMILTON, RUTH | |
| STREET ADDRESS | 2347 FLORIDA DR | |
| CITY-ST-ZIP | DELTONA FL 32738 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| 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 |
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| 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: Gregory 4-7-03 386-860-9205

CR2E037 (10/02)