

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000587

1. Entity Name

CHARITY CHRISTIAN MINISTRIES INC

Principal Place of Business

8671 LEM TURNER
JACKSONVILLE FL 32208
US

Mailing Address

1637 WALNUT ST
JACKSONVILLE FL 32206
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

NOT APPLICABLE

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

WHITAKER, ANDRE
834 WASHINGTON ST
JACKSONVILLE FL 32206

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 ☐ Delete
NAME TM
STREET ADDRESS WHITAKER, ANDRE L
CITY-ST-ZIP 834 WASHINGTON ST
JACKSONVILLE FL 32206

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 5318 Playa Way Jax. FL 32211

TITLE ☐ Delete
NAME TFC
STREET ADDRESS WRIGHT, RICKEY
CITY-ST-ZIP 1637 WALNUT ST
JACKSONVILLE FL 32206

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS GREEN, DONNA
CITY-ST-ZIP 1343 CARVILL AVE
JACKSONVILLE FL 32208

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 11213 Salt Pond DR. EAST
CITY-ST-ZIP JAX, FL 32219

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: *Andre L. Whitaker* S. 4-22-01 (904) 786-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90071 017 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)