

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000587

1. Entity Name

CHARITY CHRISTIAN MINISTRIES INC

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90113 048 ****61.25

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

8671 Lem Turner Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32208

US

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 32208

Name Andre Whitaker

Street Address (P.O. Box Number is Not Acceptable)

5318 Playa Way

City Jacksonville

FL

Zip Code

32211

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 reinstalling)

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 TM
NAME WHITAKER, ANDRE L
STREET ADDRESS 5318 PLAYA WAY
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

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

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

TITLE PFC
NAME Alberta S. Curry
STREET ADDRESS 3501 Townsend Blvd. Apt. 123
CITY-ST-ZIP Jacksonville, FL. 32277 ☒ Change ☐ Addition

TITLE T
NAME GREEN, DONNA
STREET ADDRESS 11213 SALT POND DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Andre L. Whitaker 1-25-02 904-762-1927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)