

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90166 009 ****61.52

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1. Entity Name

CHRISTIAN ASSEMBLY MINISTRIES, USA., INC.



Principal Place of Business

**6281 90TH AVENUE NORTH
PINELLAS PARK FL 33781
US**

Mailing Address

**6281 90TH AVENUE NORTH
PINELLAS PARK FL 33781
US**

2. Principal Place of Business

**7800-66th Street N
Suite Apt. #, etc.
301**

3. Mailing Address

**7800-66th St. N
Suite Apt. #, etc.
301**

City & State

**PINELLAS PARK FL.
33781 PINELLAS**

City & State

**PINELLAS FL.
33781 PINELLAS**

4. FEI Number **59-3436724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CURTIS, ANDREW REV.
5826 PATRICK COURT
CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HICKS, GAYLA**
STREET ADDRESS **6931 52ND AVENUE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D** ☐ Delete
NAME **ANDREW, SHIRLEY**
STREET ADDRESS **5826 PATRICK CT**
CITY-ST-ZIP **EAST CLEARWATER FL 34620**

TITLE **D** ☐ Delete
NAME **SCOTT, ALICIA A**
STREET ADDRESS **200 78TH AVE N APT 3-58**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **RE-SIGNATURE REQUIRED**

4/30/03 727-541-7125

CR2E037 (10/02)