

**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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DOCUMENT # N97000001298

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



CHECK HERE IF MAKING CHANGES

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, GAYLA	
STREET ADDRESS	6931 52ND AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREW, SHIRLEY	
STREET ADDRESS	5826 PATRICK CT	
CITY-ST-ZIP	EAST CLEARWATER FL 34620	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, ALICIA A	
STREET ADDRESS	200 78TH AVE N APT 3-58	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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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: **RESIGNATURE REQUIRED**

4/30/03 727-541-7125

CR2E037 (10/02)