

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001701

1. Entity Name

CHRISTIAN INTERNET MINISTRY, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90023 039 \*\*\*\*61.25

0046338

Principal Place of Business

Mailing Address

5546 DUBLIN DRIVE  
FORT LAUDERDALE FL 33312-6619

5546 DUBLIN DRIVE  
FORT LAUDERDALE FL 33312-6619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0746472

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FERRIS, RICHARD J  
5546 DUBLIN DRIVE  
FORT LAUDERDALE FL 33312-6619

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 PD  
NAME FERRIS, RICHARD J  
STREET ADDRESS 5546 DUBLIN DR  
CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete

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

TITLE D  
NAME CLARK, LAURA J  
STREET ADDRESS 916 EL SONORO DR  
CITY-ST-ZIP SIERRA VISTA AZ 85635 ☐ Delete

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

TITLE D  
NAME FERRIS, APRIL M  
STREET ADDRESS 1800 E. HARDING ST.  
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE D  
NAME Ferris, April M.  
STREET ADDRESS 1950 S. Bumby Ave., Apt. 3  
CITY-ST-ZIP Orlando, FL 32806 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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:

*Richard J. Ferris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 954-962-9374

Date

Daytime Phone #

CR2E037 (10/00)