

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001701

1. Entity Name

CHRISTIAN INTERNET MINISTRY, INC.

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91539 015 ****61.25

Principal Place of Business

5546 DUBLIN DRIVE
FORT LAUDERDALE FL 33312-6619

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

65-0746472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

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

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

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

TITLE D
NAME FERRIS, APRIL M ☐ Delete
STREET ADDRESS 1950 S BUMBY AVE APT 3
CITY-ST-ZIP ORLANDO FL 32806

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:

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

4-17-02 954-962-9374

Date

Daytime Phone #

CR2E037 (9/01)