

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90172 001 ****61.25

DOCUMENT # N97000005136

1. Entity Name

MINISTRIES OF HEALING CATHOLIC CHRISTIAN, INC. which changed its name to **NICARAGUAN CHRISTIAN RELIEF MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**3518 AZEELE ST
 APT #382
 TAMPA FL 33609**

**PO BOX 130978
 TAMPA FL 33681**

2. Principal Place of Business

3. Mailing Address

3518 Azeele Avenue, #382

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

59-3480020

Applied For

Not Applicable

Zip

Country

Zip

Country

33609

USA

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

**JEFFRIES, DAVID M
 220 SOUTH FRANKLIN
 TAMPA FL 33602**

Name

DAVID M. JEFFRIES

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

101 E. KENNEDY BLVD. - SUITE 1030

City

TAMPA

FL

Zip Code

33602

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 fee 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 **D** ☐ Delete
 NAME **VALLE-PETERS, AMANDA**
 STREET ADDRESS **4008 BAY TO BAY BOULEVARD**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **P & D** ☒ Change ☐ Addition
 NAME **Valle-Peters, Amanda**
 STREET ADDRESS **3518 Azeele Ave., #382**
 CITY-ST-ZIP **Tampa, FL 33609**

TITLE **D** ☒ Delete
 NAME **JEFFRIES, DAVID M.**
 STREET ADDRESS **220 SOUTH FRANKLIN STREET**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **Tr. and D** ☐ Change ☒ Addition
 NAME **Cecilia Castillo**
 STREET ADDRESS **4801 Culbreath Isles Road**
 CITY-ST-ZIP **Tampa, FL 33629**

TITLE **D** ☒ Delete
 NAME **GUERTIN, LIZ**
 STREET ADDRESS **821 S. DALE MABRY HIGHWAY**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Change ☒ Addition
 NAME **Tomas Delgado**
 STREET ADDRESS **4121 Highland Park Circle**
 CITY-ST-ZIP **Lutz, FL 33549**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Sec and D** ☐ Change ☒ Addition
 NAME **Leonor Delgado**
 STREET ADDRESS **4121 Highland Park Circle**
 CITY-ST-ZIP **Lutz, FL 33549**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Father Michael Muhr**
 STREET ADDRESS **821 S. Dale Mabry**
 CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Jeff Darrey**
 STREET ADDRESS **5003 Shorecrest Circle**
 CITY-ST-ZIP **Tampa, FL 33609**

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)