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

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90034 008 ****61.25

DOCUMENT # N97000005136

1. Entity Name
NICARAGUAN CHRISTIAN RELIEF MINISTRIES, INC.

Principal Place of Business	Mailing Address
3518 AZEELE ST APT #382 TAMPA, FL 33609	3518 AZEELE ST APT #382 TAMPA, FL 33609

☐ CHECK HERE IF MAKING CHANGES

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 59-3480020 ☐ Applied For ☐ Not Applicable

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 101 E. KENNEDY BLVD. STE 1030 TAMPA, FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALLE-PETERS, AMANDA 3518 AZEELE AVE., #382 TAMPA, FL 33609 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Daly, Desmond Father 821 S. Dale Mabry Tampa, Florida 33609 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CASTILLO, CECILIA 4801 CULBREATH ISLES RD TAMPA, FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELGADO, TOMAS 4121 HIGHLAND PARK CIRCLE LUTZ, FL 33549 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Wilkinson, Gelmi 12623 Sherman Dr. Hudson, Florida 34667 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DELGADO, LEONOR 4121 HIGHLAND PARK CIRCLE LUTZ, FL 33549 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Delgado, Leonor 4121 Highland Park Circle Lutz, Florida 33549 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUHR, MICHAEL FATHER 621 S. DALE MABRY TAMPA, FL 33609 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jeffries, David 101 E. Kennedy Blvd. Suite 1030 Tampa, Florida 33602-5146 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DARREY, JEFF 5003 SHORECREST CIRCLE TAMPA, FL 33609 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: A Valle Peters Amanda Valle-Peters 04/28/03 813-294-9426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #