

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90089 009 ****70.00

B0138042



DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000004169

1. Entity Name

FAMILIES IN CRISIS MINISTRIES INC.

Principal Place of Business

Mailing Address

**8220 WILLOWOOD STREET
 ORLANDO FL 32818**

**8220 WILLOWOOD STREET
 ORLANDO FL 32818**

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

59-3522673

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

**ADAMS, CLEVERICK M
 8220 WILLOWOOD STREET
 ORLANDO FL 32818**

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

**After September 13, 2002,
 min. will be \$236.25.**

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 **ADAMS, CLEVERICK M**
 STREET ADDRESS **8220 WILLOWOOD STREET**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Change ☒ Addition
 NAME **WELLS, LON W. SHAW, Ph.D., N.C.P**
 STREET ADDRESS **4708 MIRANDA CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **D** ☐ Delete
 NAME **TATE, ANDRE**
 STREET ADDRESS **5659 NOKOMIS CIRCLE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOSEPH JOHNSON, M.S.**
 STREET ADDRESS **1779 CHRISTOPHER STREET**
 CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **D** ☒ Delete
 NAME **JOHNSON, LARRY**
 STREET ADDRESS **13021 BROWN BARK TR.**
 CITY-ST-ZIP **CLERMONT FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **STEPHAN E. BROWN**
 STREET ADDRESS **P.O. Box 620171**
 CITY-ST-ZIP **ORLANDO, FL 32762**

TITLE **D** ☐ Delete
 NAME **FAULK, CORNELIUS**
 STREET ADDRESS **815 HATTERAS AVE.**
 CITY-ST-ZIP **CLERMONT FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

[Signature]

9/11/02 (467)445-9445

CR2E037 (4/02)