


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

0004852

DOCUMENT # N98000004169		
1. Entity Name FAMILIES IN CRISIS MINISTRIES INC.		

FILED
03 OCT 22 AM 11:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 8220 WILLOWOOD STREET ORLANDO FL 32818	Mailing Address 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



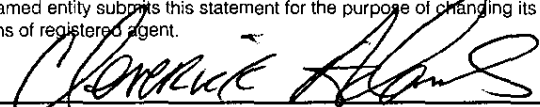
REINSTATEMENT

4. FEI Number 59-3522673	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent	
ADAMS, CLEVERICK M 8220 WILLOWOOD STREET ORLANDO FL 32818	

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 10/18/03
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	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	
TITLE	D <input type="checkbox"/> Delete
NAME	ADAMS, CLEVERICK M
STREET ADDRESS	8220 WILLOWOOD STREET
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	D <input type="checkbox"/> Delete
NAME	TATE, ANDRE
STREET ADDRESS	5659 NOKOMIS CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> Delete
NAME	SHAW, WELLINGTON W PH
STREET ADDRESS	4708 MIRANDA CIRCLE
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	D <input type="checkbox"/> Delete
NAME	FAULK, CORNELIUS
STREET ADDRESS	815 HATTERAS AVE.
CITY-ST-ZIP	CLERMONT FL
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, JOSEPH MS
STREET ADDRESS	1779 CHRISTOPHER STREET
CITY-ST-ZIP	WINTER GARDEN FL 34787
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, STEPHAN E--
STREET ADDRESS	PO BOX 620171
CITY-ST-ZIP	OVIEDO FL 32762

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: 10/7/03	PHONE: (407) 415-9145 (415-9145)
--	----------------------	---

CR2E037 (4/03)