

DOCUMENT # N98000007000

1. Entity Name

CHRISTOPHER MOORE MINISTRIES, INCORPORATED

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90060 030 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 3425  
 LAKE WALES FL 33853

Mailing Address

P.O. BOX 3425  
 LAKE WALES FL 33859-3425

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

59-3547962

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOORE, CHRISTOPHER A  
 610 SOUTH 2ND STREET  
 LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name **MOORE, CHRISTOPHER A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**515 MOUNTAIN DRIVE**  
 City **BABSON PARK** FL Zip Code **33827**

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 *Christopher A. Moore*

**CHRISTOPHER A. MOORE** PRESIDENT  
 DATE **1-27-00**

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	VD	<input type="checkbox"/> Delete
NAME	MOORE, PAMELA R	
STREET ADDRESS	610 SOUTH 2ND ST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RENTSCHLER, DON	
STREET ADDRESS	5032 WALES ST	
CITY-ST-ZIP	LAKE WALES FL 33533	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADLER, STEVE	
STREET ADDRESS	15 GLYNQUIST AVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V:D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, PAMELA R.	
STREET ADDRESS	515 MOUNTAIN DRIVE	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	P:D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER A. MOORE	
STREET ADDRESS	515 MOUNTAIN DRIVE	
CITY-ST-ZIP	BABSON PARK, FL 33853	
TITLE	S/T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDDON, PAUL	
STREET ADDRESS	9560 PINETREE DRIVE	
CITY-ST-ZIP	LAKE WALES, FL. 33853	
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		

CR2E037 (9/99)

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: *Christopher A. Moore* **CHRISTOPHER A. MOORE** PRESIDENT **1-27-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **863-638-0153**