

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90022 015 ****61.25

825734

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N99000000 109**
 1. Entity Name **CHINESE FOR CHRIST MINISTRIES, INC**

Principal Place of Business Mailing Address
1111 LAKESHORE DR, A6, SAME.
EUSTIS, FLORIDA, 32726, USA

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country
USA
 4. FEI Number **31-165 0275** 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
MICHAEL H WARWICK
1111 LAKESHORE DR, A6,
EUSTIS, FLORIDA, 32726.
 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.

SIGNATURE 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CHAIRMAN <input type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MICHAEL H. WARWICK		NAME	DR ROBERT REYMOND	
STREET ADDRESS	1111 LAKESHORE DR, A6		STREET ADDRESS	KNOX SEMINAR-1	
CITY-ST-ZIP	EUSTIS FLORIDA 32726		CITY-ST-ZIP	5555 N. FEDERAL HIGHWAY	
				FORT HAVENDALE FLORIDA 33308-3208	
TITLE	VICE CHAIRMAN <input type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REV. PETER YAO		NAME	MR DANA BRIGHAM	
STREET ADDRESS	7421 PLANTATION BLVD		STREET ADDRESS	8181 MIAMI LAKES BLVD	
CITY-ST-ZIP	MIRAMAR, FLORIDA 33023		CITY-ST-ZIP	MIAMI LAKES, FLORIDA 33016	
TITLE	DIRECTOR <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADEE TOKO WEN		NAME		
STREET ADDRESS	3 LANE 389 SECTION 4		STREET ADDRESS		
CITY-ST-ZIP	PA-DEZ, RD, 3F, TAIPEI, TAIWAN		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Michael H Warwick** **MICHAEL H WARWICK** 3/13/00 352-589-8418
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)