

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90275 049 ****61.25

DOCUMENT # N99000000109

1. Entity Name

CHINESE FOR CHRIST MINISTRIES, INC.

Principal Place of Business

Mailing Address

**1111 LAKESHORE DR. #A6
EUSTIS FL 32726**

**1111 LAKESHORE DR. #A6
EUSTIS FL 32726**

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

31-1650275

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

**WARWICKE, MICHAEL H
1111 LAKESHORE DR #A6
EUSTIS FL 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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**C
WARWICKE, MICHAEL H
1111 LAKESHORE DR #A6
EUSTIS FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

**VC
YAO, PETER REV.
7421 PLANTATION BLVD
MIRAMAR FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

**VC
BRUNDAGE, PETER
P.O. BOX 202
FORT LAUDERDALE FL 33302**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**D
REYMOND, ROBERT DR.
5555 N. FED HWY
FORT LAUDERDALE FL 33308-3208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**D
BRIGHAM, DANA MR.
8181 MIAMISTE 280
MIAMI LAKES FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D

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

**DIRECTOR
JOHNSON, WILLIAM DR.
3150 W. Rolling Hills Cir, No 109
DAVIE FLORIDA**

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

**DIRECTOR
WILLIAMS, KIRBY MR
6550 NE 21ST DRIVE
FORT LAUDERDALE FLORIDA 33308**

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

**VICE CHAIRMAN
BRUNDAGE, PETER MR
PO BOX 202
FORT LAUDERDALE FLORIDA 33302**

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 26, 2002 952-589-8418

CR2E037 (9/01)