

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001634

1. Entity Name

CHRISTIAN C.A.R.E. MINISTRIES INC.

Principal Place of Business

Mailing Address

P.O. BOX 1026
SPARR FL 32192

P.O. BOX 1026
SPARR FL 32192-1026

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

59-3581423

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

JONES, PHILLIP
12845 N.E. HWY 200 A
SPARR FL

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: *Phillip Jones* Phillip JONES - PASTOR 4-28-00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Delete
NAME JONES, PHILLIP
STREET ADDRESS 12845 N.E. HWY 200A
CITY-ST-ZIP SPARR FL

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

TITLE DVC ☐ Delete
NAME JONES, YOLANDA
STREET ADDRESS 12845 N.E. HWY 200A
CITY-ST-ZIP SPARR FL

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

TITLE D ☒ Delete
NAME POPE, ANTHONY
STREET ADDRESS 422 S.W. FT. KING ST.
CITY-ST-ZIP Ocala FL

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

TITLE D ☐ Delete
NAME FERGUSON, VIRGINIA
STREET ADDRESS 12845 N.E. HWY 200A
CITY-ST-ZIP SPARR FL

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

TITLE D ☐ Delete
NAME WILLIAMS, MARY L
STREET ADDRESS 216 HERNANDO ST.
CITY-ST-ZIP BROOKSVILLE FL

TITLE ☒ Change ☐ Addition
NAME MARY L. MCNAIR
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME JEFFERY MCNAIR
STREET ADDRESS 216 HERNANDO ST
CITY-ST-ZIP BROOKSVILLE FL 34601-1915

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: *Phillip Jones* Phillip JONES - PASTOR 4-28-00 352 629-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)