

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90209 030 \*\*\*\*61.25

**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



DO NOT WRITE IN THIS SPACE

**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	<input type="checkbox"/> Delete
NAME	JONES, PHILLIP	
STREET ADDRESS	12845 N.E. HWY 200A	
CITY-ST-ZIP	SPARR FL	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	JONES, YOLANDA	
STREET ADDRESS	12845 N.E. HWY. 200A	
CITY-ST-ZIP	SPARR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POPE, ANTHONY	
STREET ADDRESS	422 S.W. FT. KING ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, VIRGINIA	
STREET ADDRESS	12845 N.E. HWY 200A	
CITY-ST-ZIP	SPARR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARY L	
STREET ADDRESS	216 HERNANDO ST.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY L. MCNAIR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 #

CR2E037 (9/99)