

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90003 003 \*\*\*\*61.25

**DOCUMENT # N99000001634**

1. Entity Name

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

Principal Place of Business

P.O. BOX 1026  
 SPARR FL 32192

Mailing Address

P.O. BOX 1026  
 SPARR FL 32192

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

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**

**After September 12, 2001, min. will be \$236.25**

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 **Director - D** ☐ Change ☒ Addition  
 NAME **Virginia Jester**  
 STREET ADDRESS **12845 N.E. Hwy 200A**  
 CITY-ST-ZIP **SPARR FL 32192**

TITLE **D1** ☐ Delete  
 NAME **MCAIR, MARY L**  
 STREET ADDRESS **216 HERNANDO ST.**  
 CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE **D** ☒ Delete  
 NAME **MCAIR, JEFFERY**  
 STREET ADDRESS **216 HERNANDO ST**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **Director - D** ☐ Change ☒ Addition  
 NAME **Mary B. Newton**  
 STREET ADDRESS **216 HERNANDO ST**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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

**SKIMAS REQUIRED**

7-19-01

357 129-8883

CR2E037 (5/01)