

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000003044

1. Entity Name

COORDINATED CHRISTIAN RESPONSE GROUP, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90160 014 \*\*\*\*61.25

Principal Place of Business  
4900 ANTIOCH ROAD  
CRESTVIEW FL 32536

Mailing Address  
4900 ANTIOCH ROAD  
CRESTVIEW FL 32536-8432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3567819

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

MARTIN, MICHAEL A  
6144 JOHN NIX ROAD  
CRESTVIEW FL 32539

Name John Johnson

Street Address (P.O. Box Number is Not Acceptable)

4900 Antioch Road

City Crestview

FL

Zip Code

32536

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 D  
NAME MARTIN, MICHAEL A  
STREET ADDRESS 614 JOHN NIX ROAD  
CITY-ST-ZIP CRESTVIEW FL 32539 ☒ Delete

TITLE D  
NAME Thomas R. Carter, Jr  
STREET ADDRESS 6032 Bluebird Lane  
CITY-ST-ZIP Crestview, FL 32536 ☐ Change ☒ Addition

TITLE D  
NAME STRICKLAND, EUGENE  
STREET ADDRESS 102 E. EDNEY AVE  
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Delete

TITLE D  
NAME Bailey, William A.  
STREET ADDRESS 6488 N. HWY 85  
CITY-ST-ZIP Crestview, FL 32536 ☐ Change ☒ Addition

TITLE D  
NAME JOHNSON, JOHN  
STREET ADDRESS 4900 ANTIOCH ROAD  
CITY-ST-ZIP CRESTVIEW FL 32536 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec.

03/20/00

850-682-5434

Date

Daytime Phone #

CR2E037 (9/99)