

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90154 018 \*\*\*\*61.25

**DOCUMENT # N99000003044**

1. Entity Name

**COORDINATED CHRISTIAN RESPONSE GROUP, INC.**



Principal Place of Business

**4900 ANTIOCH ROAD  
CRESTVIEW FL 32536**

Mailing Address

**4900 ANTIOCH ROAD  
CRESTVIEW FL 32536**

2. Principal Place of Business

**102 Edney Ave., East**

3. Mailing Address

**102 Edney Ave. East**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Crestview, FL**

City & State

**Crestview, FL**

Zip

**32539**

Country

**USA**

Zip

**32539**

Country

**USA**

4. FEI Number **59-3567819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHNSON, JOHN  
4900 ANTIOCH RD  
CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STRICKLAND, EUGENE</b> <b>102 E. EDNEY AVE</b> <b>CRESTVIEW FL 32539</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bailey, William A.</b> <b>6488 N Hwy 85</b> <b>Crestview, FL 32536</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, JOHN</b> <b>4900 ANTIOCH ROAD</b> <b>CRESTVIEW FL 32536</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Deputy Director (D)</b> <b>Lieb, Edgar J. Jr.</b> <b>171 W North Ave</b> <b>Crestview, FL 32536</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, THOMAS R JR</b> <b>6032 BLUEBIRD LANE</b> <b>CRESTVIEW FL 32536</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAILEY, WILLIAM A</b> <b>6488 N HWY 85</b> <b>CRESTVIEW, FL 32536</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**EUGENE STRICKLAND** 1/13/03 850-682-5434

CR2E037 (10/02)