

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90719 042 ****61.25

DOCUMENT # N99000003629

1. Entity Name

CHRISTIAN CONNECTION MINISTRIES, INC.

Principal Place of Business

Mailing Address

6550 ROYAL PALM BLVD., A-109
 MARGATE FL 33063-2141

6550 ROYAL PALM BLVD., A-109
 MARGATE FL 33063-2141

B0122200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0929858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONTALVO, JOHN F JR
 6550 ROYAL PALM BLVD., A-109
 MARGATE FL 33063-2141

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

JOHN F. MONTALVO, JR. PRESIDENT & EXECUTIVE DIRECTOR

John F. Montalvo 5/1/02

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 NAME	PED MONTALVO, JOHN F JR	<input type="checkbox"/> Delete
STREET ADDRESS	6550 ROYAL PALM BLVD., A-109	
CITY-ST-ZIP	MARGATE FL 33063-2141	
TITLE NAME	D GARCIA, LUIS M	<input type="checkbox"/> Delete
STREET ADDRESS	10515 SW 56TH ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE NAME	D MONTALVO, EVELYN	<input type="checkbox"/> Delete
STREET ADDRESS	6550 ROYAL PALM BLVD., A-109	
CITY-ST-ZIP	MARGATE FL 33063-2141	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	GARCIA, LUIS M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8980 S.W. 122ND PLACE, Apt 218	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

John F. Montalvo JOHN F. MONTALVO, JR. PRESIDENT & EXECUTIVE DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAY 1, 2002

(954) 975-6851

CR2E037 (9/01)