

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # N99000004758

1. Entity Name

CHRISTIAN INSTITUTE OF ARTS & SCIENCES, INC.

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

04-03-2000 90170 028 ****61.25

Principal Place of Business

Mailing Address

2012 NORTH 61ST AVE
PENSACOLA FL 32506-3462

2012 NORTH 61ST AVE
PENSACOLA FL 32506-3462

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

59-3607032

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, JULIE B
2012 NORTH 61ST AVE
PENSACOLA FL 32506-3462

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

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 P/D NAME P/D Julie B. Jones ☐ Delete
STREET ADDRESS 2012 N. 61 Ave.
CITY-ST-ZIP Pensacola, FL 32506

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

TITLE V/D NAME V/D D. Patricia Jones ☐ Delete
STREET ADDRESS 2012 N. 61 Ave.
CITY-ST-ZIP Pensacola, FL 32506

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

TITLE S/T/D NAME S/T/D Mary Beth Jones ☐ Delete
STREET ADDRESS 2012 N. 61 Ave.
CITY-ST-ZIP Pensacola, FL 32506

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
NAME
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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:

SIGNATURE REQUIRED Julie B. Jones

Date

2/17/00 (850) 457-1072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/99)