

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005949

1. Entity Name

THE SPRINGS MINISTRY, CHRISTIANS IN ACTION, INC.

Principal Place of Business

1806 19TH AVENUE
VERO BEACH FL 32960

Mailing Address

PDST OFFICE BOX 6639
VERO BEACH FL 32961-6639

2. Principal Place of Business

4305 62ND GT.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32967 USA

4. FEI Number

65-0953832

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERR-WARD, ZENORA
5725 CORPORATE WAY
SUITE 206
WEST PALM BEACH FL 33407

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.

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

TITLE PD
NAME KRUSE, TERRY
STREET ADDRESS 4305 62ND CT.
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE SD
NAME KRUSE, DONNA
STREET ADDRESS 4315 62ND CT.
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE STD
NAME THIBEDAU, BEVERLY
STREET ADDRESS 475 14TH PLACE SW
CITY-ST-ZIP VERO BEACH FL 32962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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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

3/7/01 (561) 794-3935

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)