

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90043 030 ***150.00

DOCUMENT # S 73172

1. Entity Name

CHRISTIAN AMERICA CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4314 ST. AUGUSTINE RD.

3. Mailing Address

POB 5398

Suite, Apt. #, etc.

STE - 2 POB 5398

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL

Zip

32207

Country

US

Zip

32247-9398

Country

US

4. FEI Number

59-3085364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

WHARTON, KRISTEN L.

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

4314 ST. AUGUSTINE RD.

STE 2

City

JACKSONVILLE

FL

Zip Code

32207

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
WHARTON, KRISTEN L.
2356 JOSE CIRCLE NORTH
JACKSONVILLE FL. 32217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
JOHN HOFFEL
4636 LEGENDS LANE
ELKTON FL 32033

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John D. Hoffel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 904.396.1918

Date

Daytime Phone #

CR2E034B (12/01)