

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757181

1. Entity Name

PROMISE HOUSE MINISTRIES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90074 006 ****61.25

Principal Place of Business % JAMES A OSTENDARP 12750 ORANGE GROVE BLVD ROYAL PALM BCH FL 33411	Mailing Address % JAMES A OSTENDARP 12750 ORANGE GROVE BLVD ROYAL PALM BCH FL 33411-8911
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2470416	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OSTENDARP, JAMES A
12750 ORANGE GROVE BLVD
ROYAL PALM BEACH FL 33411

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 _____ (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OSTENDARP, JAMES A 12750 ORANGE GROVE BLVD ROYAL PALM BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYDU, JOETTE M 933 WILLIAMS DR WILMINGTON OH 95117	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OSTENDARP, JOYCE M 12750 ORANGE GROVE BLVD ROYAL PALM BCH FL	☐ 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 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

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: JAMES A OSTENDARP, PRES. 5/9/2000 (561) 793-4167

CR2E037 (9/99)