

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90181 013 \*\*\*\*61.25

**DOCUMENT # N37058**

1. Entity Name

**LABORERS AND HARVESTORS MINISTRIES, INC.**

Principal Place of Business

Mailing Address

% EMORY WILSON  
 1034 N ANDERSON AVENUE  
 LAKELAND FL 33805

% EMORY WILSON  
 1034 N ANDERSON AVENUE  
 LAKELAND FL 33805-4246

2. Principal Place of Business

3. Mailing Address

1005 N. ROSE Street

1005 N. ROSE Street

Suite, Apt. #, etc.  
 PO Box 775

Suite, Apt. #, etc.  
 PO Box 775

City & State  
 Lake Hamilton, FL

City & State  
 Lake Hamilton, FL

Zip Country  
 33851-0775 FL

Zip Country  
 33851-0775 FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2914896

Applied For

Not Applied For

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

Name

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

City

FL | Zip Code

WILSON, EMORY  
 1034 N ANDERSON AVENUE  
 LAKELAND FL 33805

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

*Anthony J. Jones*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 22, 2000

**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	D	<input type="checkbox"/> Delete
NAME	WILSON, CLARISSA	
STREET ADDRESS	1034 N ANDERSON AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOODS, MARY ANN	
STREET ADDRESS	1830 SILS RD.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ANTHONY J	
STREET ADDRESS	2184 66TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, EMORY	
STREET ADDRESS	1034 N. ANDERSON AVE.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, LYNDIA K	
STREET ADDRESS	2184-66TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: *Anthony J. Jones* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22, 2000 (727) 864-6679

Date Daytime Phone #