2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N44967** Mar 20, 2000 8:00 am **Secretary of State** INTERNATIONAL MISSIONS MINISTRY, INC. 03-20-2000 90008 014 ****61.25 Mailing Address Principal Place of Business 4816 HIDDEN PALM PLACE 4816 HIDDEN PALM PLACE WEST MELBOURNE FL 32904-9722 WEST MELBOURNE FL 32904 2. Principal Place of Business 700 N. Wickham Rd. 3. Mailing Address 700 N. Wickham Rd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. suste #103 Applied For City & State 4. FEI Number 59-3075750 6/bourne Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7293S ひとん Fee Required USH7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KICHARD G ddress (P.O. Box Number is Not Acceptable), 105 N. Wickham (O. Surfe #105 COOK, RICHARD G. **4816 HIDDEN PALM PLACE** WEST MELBOURNE FL 32904 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Cook, RicHAROG. Rd. Suite \$105 ■ Addition Change Change Delete TITLE TITLE NAME NAME COOK, RICHARD G. STREET ADDRESS STREET ADDRESS Melbourne, FC 32935 4816 HIDDEN PALM PLACE CITY-ST-ZIP CITY-ST-ZIP W. MELBOURNE FL TITLE **⅓** Change Addition ☐ Delete TITLE DST Cask, Maureen A 700 N. Wickham Rd. Saite#105 NAME NAME COOK, MAUREEN A. STREET ADDRESS STREET ADDRESS 4816 HIDDEN PALM PLACE Melbourne, FC. 32935 CITY-ST-ZIP CITY-ST-ZIP W. MELBOURNE FL Change ☐ Addition TITLE □ Delete Cook Cois M 853 LAMBUIGHTER DR. N.W. NAME COOK, CRAIG M STREET ADDRESS STREET ADDRESS 2255 FLOWERTREE CIR Palm Boy, FC 32907 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ Change Addition Delete TITLE rock Rebecca L. NAME OST LAMPLIGHTER DR. N.W. STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR