Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **N44967** 1. Entity Name 04-10-2001 90112 004 ****61.25 INTERNATIONAL MISSIONS MINISTRY, INC. Principal Place of Business Mailing Address 700 N WICKHAM RD 700 N WICKHAM RD STF 105 STE 105 MELBOURNE FL 32935 MELBOURNE FL 32935 3. Mailing Address 140 Intracoastal Painte Drive 2. Principal Place of Business Horste Vave DO NOT WRITE IN THIS SPACE suite#210 4. FEI Number Applied For 59-3075750 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П WA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, RICHARD G. 700 N WICKHAM RD STE 105 **MELBOURNE FL 32935** 8. The above named entity submits this statement for the purpose of changing its registered office of 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Cook, RICHARD 6. ☐ Addition TITLE DP TITLE □ Delete 112 Re Anock Trace Drive NAME NAME COOK, RICHARD G. STREET ADDRESS STREET ADDRESS Syiten, FL 33458 700 N WICKHAM RD STE-105 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 TITI F Change ☐ Delete ☐ Addition TITLE DST cook, Moureen A. NAME NAME COOK, MAUREEN A. 112 Renneck Trace Drive STREET ADDRESS. STREET ADDRESS 700 N-WICKHAM-RD-STE 105 Tupitce, FL 33458 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 TITLE ☐ Addition Change æ --- ----- Delete TITLE, DT 🚐 NAME NAME COOK, CRAIG M STREET ADDRESS STREET ADDRESS 853 LAMPLIGHTER DR NW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 TITLE ☐ Delete TITLE Change ☐ Addition NAME COOK, REBECCA L STREET ADDRESS STREET ADDRESS .853 Lamplighter dr NW CITY - ST - ZIP CITY-ST-ZIP PALM-BAY-FL 32907 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition 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.