2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State
05-07-2000 90013 037 ****61.25

DOCUMENT # N48446

1. Entity Name

JOHN BEVERE MINISTRIES, INC.

Principal Place of Business	Mailing Address
~~2527 E. SEMORAN BLVD. #3~~ APOKA FL 32703 US	P.O. BOX 2002 APOPKA FL 32704-2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2517 E. SEMORAN BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL	City & State
Zip: 32703 / Country	Zip / Country

4. FEI Number: 59-3123555 ☐ Applied For ☐ Not Applicable

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
BEVERE, JOHN PAUL, JR. 1165 SWEET HEATHER LANE APOPKA FL 32412	Name: LORAN JOHNSON Street Address (P.O. Box Number is Not Acceptable): 215 N. EOLA DR. City: ORLANDO FL Zip Code: 32801

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: Loran A Johnson Secretary and Registered Agent 4/26/00
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEVERE, JOHN PAUL, JR. 1165 SWEET HEATHER LANE APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEVERE, JOHN PAUL, JR. 730 E. KINGS DEER POINT MONUMENT, CO 80132	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST BEVERE, LISA T. 1165 SWEET HEATHER LANE APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST BEVERE, LISA T. 730 E. KINGS DEER POINT MONUMENT, CO 80132	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRICE, JAMES A. 2227 MEADOW WOOD RD. FAYETTEVILLE NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRICE, JAMES A. 2227 MEADOW WOOD RD. FAYETTEVILLE, NC 28303	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNSON, LORAN 1745 LAKE BERRY DR WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNSON, LORAN 215 N. EOLA DR. ORLANDO, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED Loran A Johnson Secy 4/26/00 407 843 4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #