

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005191

1. Entity Name

AWESOME GOD MINISTRIES, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90040 016 ****61.25

Principal Place of Business 224 EAST GARDEN STREET SUITE 325 PENSACOLA FL 32501	Mailing Address 224 EAST GARDEN STREET SUITE 325 PENSACOLA FL 32501-6022
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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

4. FEI Number 59-3415748	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LOWELL, ROBERT
224 EAST GARDEN ST.
SUITE 325
PENSACOLA FL 32501

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 _____
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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, REVEREND C	
STREET ADDRESS	2012 DOWNING DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMNER, JOHNNIE & MILL	
STREET ADDRESS	3201 COBLESTONE DRIVE	
CITY-ST-ZIP	PACE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARD, DAVID & DEBBIE	
STREET ADDRESS	669 EASTWOOD DRIVE	
CITY-ST-ZIP	LOWELL IN	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOWELL, ROBERT W	
STREET ADDRESS	224 E GARDEN ST, #7	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOWELL, JOANN	
STREET ADDRESS	224 E GARDEN ST, #7	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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)(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: Robert W. Lowell **2-16-00** **438-8718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)