

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90074 018 ****61.25

DOCUMENT # N97000001562

1. Entity Name

RON PINKNEY EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

Mailing Address

37130 COUNTY RD 439
 EUSTIS FL 32736

37130 COUNTY RD 439
 EUSTIS FL 32736-9061

C0010783



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

37130 CR 439

3. Mailing Address

~~37130~~ 37130 CR 439

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS FL

City & State

EUSTIS FL

4. FEI Number

59-3442455

Applied For

Not Applied For

Zip

32736

Country

USA

Zip

32736

Country

USA

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

PINKNEY, RONALD C
 37130 COUNTY RD 439
 EUSTIS FL 32736

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PINKNEY, RONALD C	
STREET ADDRESS	37130 COUNTY RD 439	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINKNEY, GREGORY D	
STREET ADDRESS	37130 COUNTY RD 439	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINKNEY, H. JENISE	
STREET ADDRESS	37130 COUNTY RD 439	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: PINKNEY, RONALD C
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000
 352-357896
 DATE DAYTIME PHONE #