

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001874

1. Entity Name

MASIHI MEDIA MINISTRY CHURCH, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90084 035 ****61.25

Principal Place of Business

Mailing Address

6239 EDGEWATER DRIVE
STE E-5
ORLANDO FL 32810
US

PO BOX 607358
ORLANDO FL 32860-7358
US

2. Principal Place of Business

3. Mailing Address

Same as above

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3444259

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CALEB, BENEDICT
4110 ROSE PETAL LANE
ORLANDO FL 32808

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 PD
NAME CALEB, BENEDICT D REV.
STREET ADDRESS 4110 ROSE PETAL LANE
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME MCCAMBRIDGE, HAROLD
STREET ADDRESS 3978 VERSAILLES DRIVE
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME PASTORE, MILDRED
STREET ADDRESS 147 GOLF CLUB DRIVE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/21/00 407-578-7036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #