

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90072 012 ****70.00

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1. Entity Name

SAVE OUR CITIES AND HEAL THIS LAND MINISTRIES, I

f

Principal Place of Business

Mailing Address

209 OSCEOLA ST
TALLAHASSEE FL 32301

209 OSCEOLA ST
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3432923

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

FORD, ANNETTE
209 OSCEOLA ST
TALLAHASSEE FL 32301

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

Annette Hale Ford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09/07/2000

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	Change	Addition
PD	FORD, ANNETTE H	209 OSCEOLA ST	TALLAHASSEE FL 32301	<input type="checkbox"/>	<input type="checkbox"/>
VD	FORBES, JO FRANCES	RT. 7 BOX 928-A	TALLAHASSEE FL 32308	<input type="checkbox"/>	<input type="checkbox"/>
SD	HALE, LILLIE R	209 OSCEOLA ST	TALLAHASSEE FL 32301	<input type="checkbox"/>	<input type="checkbox"/>
TD	HALL, BARBARA J	5695 CYPRESS CIRCLE	TALLAHASSEE FL 32303	<input type="checkbox"/>	<input type="checkbox"/>
MAS	NEELEY, GEOGETTE P	7233 WYMART RD	PENSACOLA FL 32526	<input type="checkbox"/>	<input type="checkbox"/>
MCC	COLLIER, SYLVIA V	1465 GOODWOOD CT	TALLAHASSEE FL 32303	<input type="checkbox"/>	<input type="checkbox"/>

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:

Annette Hale Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/07/2000

CR2E037 (5/00)