

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90006 036 ****61.25

DOCUMENT # N97000003234

1. Entity Name

SAVE OUR CITIES AND HEAL THIS LAND MINISTRIES, I

Principal Place of Business

Mailing Address

209 OSCEOLA ST
 TALLAHASSEE FL 32301

209 OSCEOLA ST
 TALLAHASSEE FL 32301

00059665



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 6958

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Tallahassee, FL

4. FEI Number **59-3432923**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32314

USA
 Leon Co

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

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
After September 12, 2001, 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	PD	<input type="checkbox"/> Delete
NAME	FORD, ANNETTE H	
STREET ADDRESS	209 OSCEOLA ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FORBES, JO FRANCES	
STREET ADDRESS	RT. 7 BOX 928-A	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALE, LILLIE R	
STREET ADDRESS	209 OSCEOLA ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, BARBARA J	
STREET ADDRESS	5695 CYPRESS CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	MAS	<input type="checkbox"/> Delete
NAME	NEELEY, GEOGETTE P	
STREET ADDRESS	7233 WYMART RD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	MCC	<input type="checkbox"/> Delete
NAME	COLLIER, SYLVIA V	
STREET ADDRESS	1465 GOODWOOD CT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

ANNETTE FORD

07/24/01

850 922-1778

CR2E037 (5/01)