

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000686

1. Entity Name

A VERY PRESENT HELP MINISTRIES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90075 040 ****61.25

Principal Place of Business 1603 N 58TH AVE PENSACOLA FL 32506	Mailing Address 1603 N 58TH AVE PENSACOLA FL 32506-3478
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3500224	Applied For <input type="checkbox"/> Not Applicable
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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

HARRIS, JULIAN A JR
2090 N PALAFOX ST
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	HERRING, JOSEPH L
STREET ADDRESS	1705 N 6TH AVE
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	D <input type="checkbox"/> Delete
NAME	HERRING, JEROME
STREET ADDRESS	6028 CHICAGO AVE
CITY-ST-ZIP	PENSACOLA FL 32526
TITLE	D <input type="checkbox"/> Delete
NAME	HERRING, CARRIE
STREET ADDRESS	1705 N 6TH AVE
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-00 **850 453-5401**
Date Daytime Phone #

CR2E037 19/99