

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-22-2000 90046 017 ****70.00

DOCUMENT # N99000001932

1. Entity Name
River of Grace Ministries Inc.

Principal Place of Business
7409 S. 301
Riverview, FL.
33569

Mailing Address
P.O. Box 1573
Riverview, FL.
33568

104947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Riverview FL.

Riverview FL.

Zip
33569

Country
U.S.A.

Zip
33568

Country
U.S.A.

4. FEI Number

56-1968648

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Robert E. Atkins
3104 Buckrow Dr.
Brandon, FL. 33511

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: Robert E. Atkins

Robert E. Atkins
813-741-0077
813-655-7937

Date

Overtime Phone #

CR2E037 (9/99)