

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 12, 2000 8:00 am
Secretary of State

03-13-2000 90039 011 ****70.00

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1. Entity Name

ESTABLISHED WORD MINISTRIES INTERNATIONAL INC.

Principal Place of Business

Mailing Address

7353 RADIANT CIRCLE
 ORLANDO FL 32810

7353 RADIANT CIRCLE
 ORLANDO FL 32810-3131

2. Principal Place of Business

7353 RADIANT CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 608755
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3583208

Applied For

Not Applicable

Zip

32810

Country

U.S.A.

Zip

32860-8755

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, KIRKLAND
7353 RADIANT CIRCLE
ORLANDO FL 32810

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	DIRECTOR <input type="checkbox"/> Delete
NAME	MRS MINERVA ALLEN
STREET ADDRESS	7353 RADIANT CIRCLE
CITY-ST-ZIP	Orlando Florida 32810
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	KIRKLAND ALLEN
STREET ADDRESS	7353 RADIANT CIRCLE
CITY-ST-ZIP	ORLANDO, FLORIDA 32810
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	STEVE ALDERMAN
STREET ADDRESS	7211 SEAMAN'S BLUFF
CITY-ST-ZIP	Orlando Florida 32835
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	Michael Coffey
STREET ADDRESS	1725 N. HUDSON STREET
CITY-ST-ZIP	ORLANDO, FLORIDA 32808
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	
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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:

X MINERVA ALLEN BECK KIRKLAND Allen

3-1-2000

407-656-4276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)