

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90011 006 \*\*\*\*61.25

DOCUMENT # N99000002735

1. Entity Name

**FRANK & BETTY HANNOR MINISTRIES, INC.**

Principal Place of Business

Mailing Address

3410 NW 6TH ST.  
FT. LAUDERDALE FL 33311

3410 NW 6TH ST.  
FT. LAUDERDALE FL 33311

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

65-0922076

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

HANNOR, BETTY  
3410 NW 6TH ST.  
FT. LAUDERDALE FL 33311

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 PD  Delete  
NAME HANNOR, FRANK L. **D**  
STREET ADDRESS 3410 NW 6TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  Delete  
NAME LACUE, ANNETTE **T**  
STREET ADDRESS 3410 NW 6TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  Delete  
NAME HANNOR, BETTY **D**  
STREET ADDRESS 3410 NW 6TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Frank Hannor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: *Betty & Hannor*  
Date: 5-1-01  
Daytime Phone #: 954 327-1309

CR2E037 (10/00)