

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90066 045 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N16140
 1. Entity Name
ALDRIDGE FAMILY MINISTRIES, INC.

Principal Place of Business: **704 COLUMBIA AVENUE ST. CLOUD FL 34769 US**
 Mailing Address: **704 COLUMBIA AVENUE ST. CLOUD FL 34769-3167 US**

2. Principal Place of Business: **1630 VINTAGE ST.**
 Suite, Apt. #, etc.:
 City & State: **KISSIMMEE, FL**

3. Mailing Address: **1630 VINTAGE ST.**
 Suite, Apt. #, etc.:
 City & State: **KISSIMMEE, FL**

Zip: **34746** Country: **OSCEOLA**

4. FEI Number: **59-2734013** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALDRIDGE, SILAS B.
704 COLUMBIA AVE.
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent
 Name: **THERESA A. GORDON**
 Street Address (P.O. Box Number is Not Acceptable): **1630 VINTAGE ST.**
KISSIMMEE
 City: **FL** Zip Code: **34746**

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: **THERESA A. GORDON** *Theresa A. Gordon* DATE: **4/20/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	DP	<input type="checkbox"/> Delete
NAME	ALDRIDGE, SILAS B.	
STREET ADDRESS	704 COLUMBIA AVE.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ALDRIDGE, RONALD, B	
STREET ADDRESS	1530 WOODCROFT	
CITY-ST-ZIP	FT. MILL SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBONS, BRUCE	
STREET ADDRESS	7008 THAMES CT	
CITY-ST-ZIP	MATTHEWS NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, BOB	
STREET ADDRESS	2930 CHERRY BLOSSOM CT	
CITY-ST-ZIP	FT MILL SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRIDGE, SILAS B.	
STREET ADDRESS	RT. 2, BOX 306 A	
CITY-ST-ZIP	WAVERCROSS, GA. 31503	
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		
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: *Silas B. Aldridge* **SILAS B. ALDRIDGE** DATE: **4/20/00** DAYTIME PHONE #: **912-287-0824**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)