

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # N97000004605

1. Entity Name

HEART OF THE BRIDE MINISTRIES, INC.

Principal Place of Business

1698 GLENWOOD CT

NICEVILLE

32578

FL

Mailing Address

1698 GLENWOOD CT

NICEVILLE

32578

FL

2. Principal Place of Business

3. Mailing Address

P.O. BOX 786

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NICEVILLE

FL

Zip

Country

Zip

Country

32588

4. FEI Number

74-2848196

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON TONY L

1698 GLENWOOD CT

NICEVILLE

32578

FL

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.)

05/01/2000

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 ☐ Delete
NAME WEST GREG
STREET ADDRESS 2209 SINCLAIR AVE
CITY-ST-ZIP MIDLAND TX 79705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SAGE DAN
STREET ADDRESS 1435 SCENIC DR
CITY-ST-ZIP GRAHAM TX 76450

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMSON CHERYL
STREET ADDRESS 128 BEVERLY DR
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BEAKLEY JOHN W
STREET ADDRESS 5225 S LOOP, STE 200
CITY-ST-ZIP LUBBOCK TX 79424

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GIBSON FAITH L
STREET ADDRESS 497 20TH ST
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GIBSON TONY L
STREET ADDRESS 497 20TH ST
CITY-ST-ZIP NICEVILLE FL 32578

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.