2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFURM BUSINESS REPUR	i (UDN)		, '		
DOCUMENT # N9800007219 SOWETH OF SEED OUTREACH MINISTRY, INC.		FILED 00 SEP 18 PM 12: 09			
				. –	
Principal Place of Business Mailing Address 430 S. PARRAMORE AVE. 430 S. PARRAMORE AVE.			STOPETARY OF STANDARD SEE, FL	STATE. LORIDA	
ORLANDO FL ORLANDO FL		A STATE OF THE PARTY OF THE PAR	19941		
2. Frincipal Place of Business 0 3. Mailing Address					
2. Principal Place of Business 4-30. S. Hamanus oul 4-30. S. Januaris Suite, Apt. #, etc. Suite, Apt. #, etc.	450c21100000000		DO NOT WRITE IN THIS SPACE		
City & State Of H 32805 City & State Orlando, 7	P. 32805	4. FEI Number 9-	// / / / / / / / /	oplied For ot Applicable	
Zip 3 A day Country Zip	Country	5. Certificate of Status De	sired S8.75 Add Fee Require		
6. Name and Address of Current Registered Agent	Name ()A	I. Name and Address of	New Registered Agent		
. THOMPSON, DEACON JOHN H.	Street Address	(P.O. Box Number is Not Acce	eptable)		
3014 HEROLD DR. ORLANDO FL 32805	+ Herold	01°			
· · · · · · · · · · · · · · · · · · ·	City Orl	ando, Fe		805	
8. The above named entity subpaits this statement for the purpose of changing its reg	istered office or registe.	red agent, or both, in the state	e of Florida.		
SIGNATURE HOW HOUSE INDICATE 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 After September 13, 2000 mln. will be \$236.25 9. Election Campaig Trust Fund Contri	bution.	5.00 May 8e Ided to Fees	Make Check Payable to Department of State	_].	
10. OFFICERS AND DIRECTORS TITLE Delete		- 4 · 4 · V - · · · · · · · · · · · · · · · · ·	FFICERS AND DIRECTORS IN		
TITLE FOR LONG DELACE HAME FOR STREET ADDRESS CITY-ST-ZP OLIV		524 aladan Durl			
TITLE DIV John Thompson Delete STREET ADDRESS JOHN JOHN DO DA 70 2002	NAME I STREET ADDRESS	abja Wats	Change	Addition &	
TITLE DOUTE (APPLIED DE PRÉSE	CITY-SI-ZIF	My Fir 52	818 00 Ct / (24 0/8 ←□ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	NAME SET. STREET ADORESS CITY-ST-ZIP	307 Barne	40 FC		
TITLE NAME STREET ADDRESS CITY-SI-ZIP ANDLE WILLIAMS	NAME Officer STREET ROORESS 35	1000 Hagen	□ Change	Addition .	
TITLE Delete	CITY-ST-ZIP TITLE	orlige.	2800 □ Channe	Addition	
NAME Street address	NAME STREET ADDRESS				
CITY-ST-ZIP TITLE Detete	CITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-S1-ZIP COULLE ROYER COUNTY-S1-ZIP	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 Saldes. 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: MANUSCOURS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					