# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 19, 2000 8:00 am**
**Secretary of State**
01-19-2000 90232 021 ****70.00

DOCUMENT # 728557

1. Entity Name

GLOBE MISSIONARY EVANGELISM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~P.O. BOX 3040~~ 8590 HWY 98 WEST<br>PENSACOLA FL 32516-3040<br>US | P.O. BOX 3040<br>PENSACOLA FL 32516-3040<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8590 Hwy 98 West | |
| Suite, Apt. #, etc. — | Suite, Apt. #, etc. |
| City & State Pensacola FL | City & State |
| Zip 32506 Country Escambia | Zip Country |

4. FEI Number 23-7453583 ☐ 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 |
|---|---|
| BISHOP, J. ROBERT<br>5703 ALMAX COURT<br>PENSACOLA FL 32516 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STANFORD, CHARLES<br>2075 EAST NINE MILE RD.<br>PENSACOLA FL 32514 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>STAMP, C., L. "BILL"<br>2732 OLD ROCKY RIDGE RD<br>BIRMINGHAM AL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>WEBB, JERRY<br>2782 CREEKWOOD DRIVE<br>CANTONMENT, FL 0 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KIMBLE, RAY<br>403 N. 77TH AVENUE<br>PENSACOLA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BISHOP, J ROBERT<br>5703 ALMAX COURT<br>PENSACOLA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WEAVER, JIMMY<br>4504 TWIN OAKS DRIVE SUITE 101<br>PENSACOLA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** SIGNATURE REQUIRED 1/5/2000 850-453-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #