

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746623

1. Entity Name

EVANGEL MINISTERS FELLOWSHIP, INC.

Principal Place of Business

7821 ALGER RD  
CENTURY FL 32535  
US

Mailing Address

P.O. BOX 907  
CENTURY FL 32535-0907

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

59-2794078

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

REID, MATTIE  
140 E. HECKER RD.  
CENTURY FL 32535

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 POTTER, JERRY  
STREET ADDRESS 69 CENTER STREET P.O. BOX 1392  
CITY-ST-ZIP COLUMBUS MI

TITLE BOARD MEMBER ☐ Change ☒ Addition  
NAME McDONALD, WENDELL B.  
STREET ADDRESS 2147 CO. RD. 599  
CITY-ST-ZIP HANCEVILLE, AL 35077

TITLE VD ☐ Delete  
NAME BROGDON, J. R.  
STREET ADDRESS 3064 ACADEMY DR  
CITY-ST-ZIP VALDOSTA GA

TITLE AUXILIARY BOARD MEMBER ☐ Change ☒ Addition  
NAME BROGDON, WONNIE  
STREET ADDRESS 3064 ACADEMY DRIVE  
CITY-ST-ZIP VALDOSTA, GA 31605

TITLE VD ☐ Delete  
NAME TRAVIS, L. JUSTICE  
STREET ADDRESS 48 OMEGA LN  
CITY-ST-ZIP ALEXANDER CITY AL

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

TITLE VD ☐ Delete  
NAME DAY, RON  
STREET ADDRESS 1585 NEEL SCHOOL ROAD  
CITY-ST-ZIP DANVILLE AL

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

TITLE ST ☐ Delete  
NAME REID, MATTIE  
STREET ADDRESS PO BOX 998/140 E HECKER  
CITY-ST-ZIP CENTURY FL

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: *Mattie Reid* REID, MATTIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000 (850) 256-2396

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

000104