

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752148

1. Entity Name

MARK 16:15 MINISTRIES, INC.

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

05-01-2000 90056 019 \*\*\*\*61.25

Principal Place of Business

#9 HOPSON ROAD  
JACKSONVILLE BEACH FL 32250

Mailing Address

#9 HOPSON ROAD  
JACKSONVILLE BEACH FL 32250-2611

2. Principal Place of Business

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

U.S.A.

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

U.S.A.

4. FEI Number

59-2126460

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

BURNETT, ANNE O  
9 HOPSON RD  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME BURNETT, ANN O.  
STREET ADDRESS 9 HOPSON RD  
CITY-ST-ZIP JACKSONVILLE BCH FL ☐ Delete

TITLE VD  
NAME MCCOY, JOSEPH S  
STREET ADDRESS 4 SAIL FISH DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ Delete

TITLE SD  
NAME ROBBINS, SHARON  
STREET ADDRESS 375 10TH STREET  
CITY-ST-ZIP ATLANTIC BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 and typed or printed name of signing officer or director

4/22/00

904 246-7040

CR2E037 (9/99)