2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 765137 Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** GLENN COTTON MINISTRIES, INC. 03-08-2000 90015 006 ****70.00 Principal Place of Business Mailing Address 123 PARISH ST P.O. BOX 5961 DOTHAN AL 36302-5961 DOTHAN AL 36301 LIS 2. Principal Place of Business 3. Mailing Address 02 SYDNEY CTT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2262013 DOTHAN Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 36<u>-</u>3 65 Fee Required US A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LETNER HNDREA Street Address (P.O. Box Number is Not Acceptable) 4839 DERRMOSS WAY WILDER, CLINT D 8011-10 MERRILL ROAD JACKSONVILLE FL 32277 City SACKSONVILLE 322<u>17</u> 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Addition TITLE ☐ Delete COTTON, GLENN E. NAME COTTON, GLENN E NAME STREET ADDRESS STREET ADDRESS VIDIMSKA 7 400 HARVEST BEND DR. CITY-ST-ZIP CZECIL REPUBLIC CITY-ST-ZIP PRAHA 8 ORANGE PARK FL 181 00 ☐ Addition STD TITLE Delete TITLE COTTON, NAMEY G COTTON, NANCY L. NAME NAME UIDIMSKA 7 STREET ADDRESS 400 HARVEST BEND DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL CZECIX REPUBLIC VD. ----Change Addition ☐ Delete TITLE TITLE. COTTEN, ASHER G. COTTON, ASHER G NAME NAME 102 SYDNGY CT STREET ADDRESS STREET ADDRESS 123 PARISH ST CITY-ST-ZIP DOTHAN AL CITY-ST-ZIP DOTHAN AL 36301 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

ASher G. Cotton

SIGNATURE:

Daytime Phone #