2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770432 1. Entity Name NEVERTHELESS MINISTRIES INC.					FILED May 22, 2000 8:00 am Secretary of State			
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Principal Plac	e of Business	Mailing Address						
1700 S. SAN PABLO RD. APT. 108 JACKSONVILLE FL 32224 US		1700 S. SAN PABLO RD. APT. 108 JACKSONVILLE FL 32224-2045 US) (100):0 10	111 (88)(1 88)(1 87)11 (211 1 (2 1 1	8/8/1 6101/ 0101 0101 0101	0() B)B() 2 88 (
2. Principal Place of Business 1700 S SAN PABLO R-D Suite, Apt. #, etc.		3. Mailing Address 1700 S SAN PABLO RD Suite, Apt. #, etc.		20	DO NOT WRITE IN THIS SPACE			
APT 417		APT. 417						
JACKSONVI WE, FL		JACKSONVILLE, PC		4. FEI Numbe	59-2337080	F	pplied For ot Applicable	
3222°	Country USA	^{Zip} 32224	Country USA	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and	Address of New Regis	stered Agent		
HOLMAN, DEBORAH E 1700 S. SAN PABLO RD. APT. 108 JACKSONVILLE FL 32224 8. The above named entity submits this statement for the purpose of changing its reg			City J	DEBORAH ddress (P.O. Box Number 200 S. SAN FPT. 417 ACKSON VILL r registered agent, or bot	E	FL zip Coo 322	ie -24	
SIGNATURE (Signature, typed or printed name of registered agent at	folmaw nd title if applicable. (NOTE	DEBORAL Registered Agent signat	A E, HOLMAN ture required when reinstating)	J, PRES.	4/28/20 DATE	100_	
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CH.	ANGES TO OFFICERS	AND DIRECTORS IN		
NAME STREET ADDRESS CITY-ST-ZIP	STD ZINK, PAUL D 2701 HODGES BLVD JACKSONVILLE FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition 800	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMAN, DEBORAH E 1700 S. SAN PABLO RD. #108 JACKSONVILLE FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMAN, DE 1700 S. SAN JACKSONIII	BORAH E. JPABLO RIJ LE. FL 327	√ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRIS, ROCKWELL 1755 LOQUAT LANE JACKSONVILLE FL 32246	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		~-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RO RAUSOS SU D LANGER ROS SU D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delete	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: 1								