

2000 UNIFORM BUSINESS REPORT (UBR)

0085471

DOCUMENT # 818067

1. Entity Name

CONSERVATIVE BAPTIST HOME MISSION SOCIETY

FILED

00 FEB 28 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

25W560 GENEVA ROAD
P.O. BOX 828
WHEATON IL 60189-0828

25W560 GENEVA ROAD
P.O. BOX 828
WHEATON IL 60189-0828

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

36-2225484

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

REYES, OMAR
4743 MESA VERDE DR
ST. CLOUD FL 34769

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 DP ☒ Delete
NAME DAVIS, DONALD
STREET ADDRESS 1215 MARLBOROUGH AVE
CITY-ST-ZIP INGLEWOOD CA

TITLE DP ☒ Change ☐ Addition
NAME Dr. Roger Ball
STREET ADDRESS 4525 S. McClintock Drive
CITY-ST-ZIP Tempe, AZ 85282

TITLE DS ☒ Delete
NAME MONAHAN, CINDY
STREET ADDRESS 11 GREENFIELD DR.
CITY-ST-ZIP SOMERSWORTH NH

TITLE DS ☒ Change ☐ Addition
NAME Mrs. Sally Hanson
STREET ADDRESS 710 1st Avenue S.E.
CITY-ST-ZIP Long Prairie, MN 56347

TITLE DV ☒ Delete
NAME SCANDRETT, GREG
STREET ADDRESS 428 W. COTA
CITY-ST-ZIP SHELTON WA

TITLE DV ☒ Change ☐ Addition
NAME Rev Michel Faulkner
STREET ADDRESS 166 W. 92nd Street
CITY-ST-ZIP New York, NY 10025

TITLE DP ☒ Delete
NAME SCANDRETT, GREGORY REV
STREET ADDRESS 428 W. COTA
CITY-ST-ZIP SHELTON WA 98584

☐ Change ☐ Addition
000003161050--4
-03/07/00--01094--010
*****61.25 *****61.25

TITLE DV ☒ Delete
NAME FAULKNER, MICHAEL REV
STREET ADDRESS 166 W 92 ST
CITY-ST-ZIP NY NY 10025

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2000 480-839-0926

Date

Daytime Phone #

CR2E037 (9/99)

KE