

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000001539**

1. Entity Name

(A United Church of The Redeemed & Ministries)

Principal Place of Business

**916 NW 6th Ave
HAWTHORNE, FL 32640
US**

Mailing Address

**Rt 3 Box 47
(16215 S.E. Hawthorne Rd)
HAWTHORNE, FL 32640-9506**

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

59-3226816

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

**WOLFE, LARRY
200-A John Knox Rd
TALLAHASSEE, FL 32303-6643**

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 **DENMARK, MATTIE LEE**
STREET ADDRESS **Rt 3 Box 47**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

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

TITLE **VD** ☐ Delete
NAME **Johnson, FANNIE MAE**
STREET ADDRESS **Rt 3 Box 234**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

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

TITLE **S** ☐ Delete
NAME **Smith, DEBORAH**
STREET ADDRESS **P.O. Box 1710 N/A**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

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

TITLE **T** ☐ Delete
NAME **GIRTMAN, NUDINE B**
STREET ADDRESS **Rt 1, Box 121-A**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

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

TITLE **D** ☐ Delete
NAME **Collie, CAROLYN M**
STREET ADDRESS **825 Kings Hwy.**
CITY-ST-ZIP **LEWES, DE. 19958**

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

TITLE **D** ☐ Delete
NAME **GUTHRIE, VIVIANE**
STREET ADDRESS **Rt 3 Box 47 N/A**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

☐ Change ☐ Addition
TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTIE LEE DENMARK

Date

Daytime Phone #

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90004 008 ****70.00

UUUJJJJJ

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)