

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91243 025 \*\*\*\*61.25

**DOCUMENT # N000G0000132**

1. Entity Name

**MIDDLE CROSS EVANGELISTIC MINISTRIES, INC.**

Principal Place of Business

**1020 REGALIA DRIVE  
 ROCKLEDGE FL 32955**

Mailing Address

**P O BOX 561163  
 ROCKLEDGE FL 32956-1168**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**PO Box 10606**

**Brooksville FL**

**34603**

4. FEI Number

**59-3616003**

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

**LEGG, CHARLES F  
 1020 REGALIA DRIVE  
 ROCKLEDGE FL 32955**

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	Chairman	<input type="checkbox"/> Delete
NAME	Charles F Legg	
STREET ADDRESS	1020 Regalia Dr	
CITY-ST-ZIP	Rockledge FL 32955	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Laurie A Legg	
STREET ADDRESS	1020 Regalia Dr	
CITY-ST-ZIP	Rockledge FL 32955	
TITLE	Board Member-Director	<input type="checkbox"/> Delete
NAME	Frank Hallum Jr	
STREET ADDRESS	2850 Jay Jay Rd	
CITY-ST-ZIP	Titusville FL 32796	
TITLE	Board Member-Director	<input type="checkbox"/> Delete
NAME	Rev Donald M Smith	
STREET ADDRESS	1270 Tuckaway Dr	
CITY-ST-ZIP	Rockledge FL 32955	
TITLE	Board Member-Director	<input type="checkbox"/> Delete
NAME	Lloyd Hendren	
STREET ADDRESS	4510 Westview Ln	
CITY-ST-ZIP	Titusville FL 32780	
TITLE	Board Member-Director	<input type="checkbox"/> Delete
NAME	Dale Leib	
STREET ADDRESS	351 Bay Ave	
CITY-ST-ZIP	Cocoa FL 32922	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Laurie A Legg** **4-29-01** **407-257-8637**

CR2E037 (10/00)