

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90024 046 ****70.00

00018005

DO NOT WRITE IN THIS SPACE

DOCUMENT # NO00000000 375

1. Entity Name

Circle of Seven Ministries, Inc.

Principal Place of Business

Mailing Address

18939 N. Hwy. 301

P.O. Box 2322

Dade City, FL 33523

Dade City, FL 33526

2. Principal Place of Business

16651 N. Hwy. 301

3. Mailing Address

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

4. FEI Number

59-3633707

Applied For

Not Applicable

Zip

Country

Zip

Country

33523

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

Rev. Betsy K. O'Neal
18939 N. Hwy. 301
Dade City, FL 33523

Name Rev. Betsy K. O'Neal

Street Address (P.O. Box Number is Not Acceptable)

16651 N. Hwy. 301

City

Dade City

FL

Zip Code

33523

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

Rev. Betsy K. O'Neal, President/Pastor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/06/01

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Rev. Betsy K. O'Neal</u>	
STREET ADDRESS	<u>15904 N. Hwy. 301</u>	
CITY-ST-ZIP	<u>Dade City, FL 33523</u>	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Rev. Terrence Holt</u>	
STREET ADDRESS	<u>15906 N. Hwy. 301</u>	
CITY-ST-ZIP	<u>Dade City, FL 33523</u>	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Rev. Pedro Cordoba</u>	
STREET ADDRESS	<u>36739 Old Suwannee Rd.</u>	
CITY-ST-ZIP	<u>Dade City, FL 33523</u>	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Rev. Ervin A. O'Neal</u>	
STREET ADDRESS	<u>3236 McKethan Rd.</u>	
CITY-ST-ZIP	<u>Dade City, FL 33523</u>	
TITLE	Sec. / Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Kimberly A. Probus</u>	
STREET ADDRESS	<u>14147 Prospect St.</u>	
CITY-ST-ZIP	<u>Spring Hill, FL 34608</u>	
TITLE	Jorge Olivera	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Director</u>	
STREET ADDRESS	<u>37327 Safari Drive</u>	
CITY-ST-ZIP	<u>Dade City, FL</u>	

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: Rev. Betsy K. O'Neal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

Attachment
#1/00000000375
D0018005

Circle of Seven Ministries, Inc.

P.O. Box 2322

Dade City, FL 33526

Phone: 352-523-1788

Fax: 352-523-2344

Circleof7min@aol.com

February 6, 2001

Box 11 continued:

Director - Alfred T. Jones
37412 Carringer Rd.
Dade City, FL 33523

Delete due to death

10. Officers and Directors		11. Additions/Changes to Officers and directors in 10	
Title		Title	Director ✓ Delete
Name		Name	Alfred T. Jones
Street		Street	37412 Carringer Rd.
Address		Address	Dade City, FL
City-ST-Zip		City-ST-Zip	33523