

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90002 028 \*\*\*\*61.25

DOCUMENT # **N000000001530**

1. Entity Name

**Shalom Help Ministry, Inc. (LA)**

Principal Place of Business

Mailing Address

**40 Galaxy Scientific Technology  
 1445 Dolgner Place  
 Sanford FL 32771**

**40 Galaxy Scientific Technology  
 1445 Dolgner Place  
 Sanford FL 32771**

00015323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3631798**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Dervanna Troy-McKoy  
 1445 Dolgner Place  
 Sanford FL 32771**

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

*[Handwritten Signature]*

**6/11/01**

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	<b>Director President</b>	<input type="checkbox"/> Delete
NAME	<b>Dervanna Troy-McKoy</b>	
STREET ADDRESS	<b>1445 Dolgner Place Sanford FL 32771</b>	
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Vickie Troy-McKoy</b>	
STREET ADDRESS	<b>435 Winchese Blvd Sanford FL 32773</b>	
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Lloyd Thomas</b>	
STREET ADDRESS	<b>40 Galaxy Scientific Technology</b>	
CITY-ST-ZIP	<b>1445 Dolgner Place, Sanford FL 32771</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input 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:

*[Handwritten Signature]*

**DERVANNA TROY-MCKOY**

**6/11/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)