

2001 UNIFORM BUSINESS REPORT (UBR)

1/23/01

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-23-2001 90021 039 ****61.25

DOCUMENT # N00000003026

1. Entity Name

IN HIS STEPS CHRISTIAN MINISTRIES CHURCH, INC.

Principal Place of Business

5186 SE 14TH PLACE
 OCALA FL 34471

Mailing Address

5186 SE 14TH PLACE
 OCALA FL 34471

2. Principal Place of Business

2921 NE 23RD ST
 Suite, Apt. #, etc.

3. Mailing Address

5186 SE 14TH PL
 Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-363-8565

Applied For

Not Applicable

Zip

34470

Country

MARION

Zip

34471

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOENIG, GREGORY
 5186 SE 14TH PLACE
 OCALA FL 34471

7. Name and Address of New Registered Agent

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 re-registering)

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

TITLE PSTD
 NAME HOENIG, GREGORY
 STREET ADDRESS 5186 SE 14TH PLACE
 CITY-ST-ZIP OCALA FL 34471 ☐ Delete

TITLE D
 NAME HOENIG, BRUCE
 STREET ADDRESS 2910 E. HAMBLETON
 CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE DON BURNETTE
 NAME 2124 NE 21ST
 STREET ADDRESS Belview FL ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)