

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004318**

1. Entity Name

HIS WORD MINISTRY SINGERS INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90001 045 ****70.00

0014587

Principal Place of Business

**12457 HOLEY ROAD
TALLAHASSEE FL 32311**

Mailing Address

**12457 HOLEY ROAD
TALLAHASSEE FL 32311**

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

59-3655272

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOELLE, SANDRA
1967 MALLORY SQUARE
TALLAHASSEE FL 32308**

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 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

TITLE	D	<input type="checkbox"/> Delete
NAME	REICHERT, DAWN	
STREET ADDRESS	12457 HOLEY ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	D	<input type="checkbox"/> Delete
NAME	QUICK, LUCY	
STREET ADDRESS	2922 MICCOUSKEE RD #6	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	DST	<input type="checkbox"/> Delete
NAME	KOELLE, SANDRA	
STREET ADDRESS	1967 MALLORY SQUARE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

SIGNATURE:

NEED SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

850-309-1551

Daytime Phone #

CR2E037 (10/00)