FILED

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

## Jan 19, 2001 8:00 am Secretary of State DOCUMENT # N0000004318 HIS WORD MINISTRY SINGERS INC. 01-19-2001 90001 045 \*\*\*\*70.00 Principal Place of Business Mailing Address 12457 HOLEY ROAD 12457 HOLEY ROAD TALLAHASSEE FL 32311 TALLAHASSEE FL 32311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 59-3655272 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KOELLE, SANDRA 1967 MALLORY SQUARE TALLAHASSEE FL 32308 City 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition NAME REICHERT, DAWN NAME STREET ADDRESS 12457 HOLEY ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change QUICK, LUCY NAME NAME STREET ADDRESS 2922 MICCOUSKEE RD #6 STREET ADDRESS CITY-ST-ZIP-TALLAHASSEE FL 32308 ~ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KOELLE, SANDRA NAME NAME STREET ADDRESS 1967 MALLORY SQUARE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:** 

GNATURE BEQUIRED

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

850-309-1551