# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 07, 2001 8:00 am**
**Secretary of State**

06-07-2001 90194 001 ****61.25
06-07-2001 90194 002 *****8.75
06-07-2001 90194 003 ****35.00

0007978

DOCUMENT # N00000006142

1. Entity Name

ETC...ETERA YOUTH MINISTRIES, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 102 #C EAST BROWNLEE ST.<br>STARKE FL 32091 | RT. 6 BOX 1529<br>STARKE FL 32091 |

48239

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| N/A | | N/A | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3676593 — Applied For / Not Applicable

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 |
|---|---|
| CAVE, ELLERY D SR.<br>RT.6 BOX 1529<br>STARKE FL 32091 | Name: N/A<br>Street Address (P.O. Box Number is Not Acceptable):<br>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 N/A

Signature, typed or printed name of registered agent and title if applicable. (NOT 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: D<br>NAME: CAVE, ELLERY D SR.<br>STREET ADDRESS: RT. 6 BOX 1529<br>CITY-ST-ZIP: STARKE FL 32091 | ☐ Delete | TITLE: D<br>NAME: Ricardo Ferguson<br>STREET ADDRESS: 6614 N.W. 27th Street<br>CITY-ST-ZIP: Gainesville, Fla 32653 | ☑ Change ☑ Addition |
| TITLE: D<br>NAME: CAVE, DELICIA D<br>STREET ADDRESS: RT. 6 BOX 1529<br>CITY-ST-ZIP: STARKE FL 32091 | ☑ Delete | TITLE: D<br>NAME: Isaiah Branton<br>STREET ADDRESS: P.O. Box 713<br>CITY-ST-ZIP: Starke, Fl 32091 | ☑ Change ☑ Addition |
| TITLE: D<br>NAME: CAVE, TRINA L<br>STREET ADDRESS: RT. 6 BOX 1529<br>CITY-ST-ZIP: STARKE FL 32091 | ☑ Delete | TITLE:<br>NAME: — N/A —<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE: D<br>NAME: CAVE, ELLERY D JR.<br>STREET ADDRESS: RT. 6 BOX 1529<br>CITY-ST-ZIP: STARKE FL 32091 | ☐ Delete | TITLE: D/V/M<br>NAME: Cave, Jr. Ellery D.<br>STREET ADDRESS: Rt 6 Box 1529<br>CITY-ST-ZIP: Starke, Fl 32091 | ☑ Change ☐ Addition |
| TITLE: D<br>NAME: ARMSTRONG, CARTLA<br>STREET ADDRESS: P.O. BOX GENERAL DELEVERY<br>CITY-ST-ZIP: HAWTHORNE FL 32042 | ☑ Delete | TITLE: D/P/S/M/C<br>NAME: Ellery Cave, Sr.<br>STREET ADDRESS: Rt 6 Box 1529<br>CITY-ST-ZIP: Starke, Fl 32091 | ☑ Change ☐ Addition |
| TITLE: D<br>NAME: CREWS, DAWN<br>STREET ADDRESS: 1020 EAST WOOD DR.<br>CITY-ST-ZIP: STARKE FL 32091-4219 | ☐ Delete | TITLE: D/T/M<br>NAME: Crews, Dawn<br>STREET ADDRESS: 1020 East Wood DR.<br>CITY-ST-ZIP: Starke, Fl 32091-4219 | ☑ Change ☐ Addition |

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: Ellery D Cave, Sr. 6/1/01 (904) 769-6946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)