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

48239

DO NOT WRITE IN THIS SPACE

0007978

DOCUMENT # N00000006142

1. Entity Name

ETC...ETERA YOUTH MINISTRIES, INCORPORATED

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

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. RT 6 BOX 1529 STARKE FL 32091	Name Street Address (P.O. Box Number is Not Acceptable) N/A 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 NAME STREET ADDRESS CITY-ST-ZIP	D CAVE, ELLERY D SR. RT. 6 BOX 1529 STARKE FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ricardo Ferguson 6614 N.W. 27th Street Gainesville, Fla 32653 ☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVE, DELICIA D RT. 6 BOX 1529 STARKE FL 32091 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Isaiah Branton P.O. Box 713 Starke, Fl 32091 ☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVE, TRINA L RT. 6 BOX 1529 STARKE FL 32091 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	— N/A — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVE, ELLERY D JR. RT. 6 BOX 1529 STARKE FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/M Cave, JR. Ellery D. Rt 6 Box 1529 Starke, Fl 32091 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, CARTLA P.O. BOX GENERAL DELEVERY HAWTHORNE FL 32042 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/M/C Ellery Cave, Sr. Rt 6 Box 1529 Starke, Fl 32091 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, DAWN 1020 EAST WOOD DR. STARKE FL 32091-4219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T/M Crews, Dawn 1020 East Wood DR. 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)