

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00105

1. Entity Name

MESSIANIC FAITH MINISTRIES, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90011 045 ****70.00

Principal Place of Business

Mailing Address

WOODRIDGE COUNTRY ESTATES
7663 WEST TOLLE LANE
DUNNELLON FL 34430
US

WOODRIDGE COUNTRY ESTATES
7663 WEST TOLLE LANE
DUNNELLON FL 34433-3556
US

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

59-2359934

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOYD, LEO L
7663 W TOLLE LANE
DUNNELLON FL 34430

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FLOYD, LEO L
STREET ADDRESS 7663 W. TOLLE LANE
CITY-ST-ZIP DUNNELLON FL

TITLE ☒ Change ☐ Addition
NAME P/O to P/O
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME GREER, CLAIRE K.
STREET ADDRESS 4791 S. APOPKA AVE.
CITY-ST-ZIP INVERNESS FL

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

TITLE VD ☐ Delete
NAME FLOYD, B. ZELIA
STREET ADDRESS 7663 W. TOLLE LANE
CITY-ST-ZIP DUNNELLON FL

TITLE ☒ Change ☐ Addition
NAME V/O to T/O
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME GREER, CARL L.
STREET ADDRESS 4791 S. APOPKA AVE.
CITY-ST-ZIP INVERNESS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Gregory L Floyd
STREET ADDRESS 7848 W. Flight Path Ct.
CITY-ST-ZIP Crystal River, FL 34429

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/16/2000 352/795
Date Daytime Phone # 1758

CR2E037 (9/99)