

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N00105**

1. Entity Name

**MESSIANIC FAITH MINISTRIES, INC.**

Principal Place of Business

Mailing Address

WOODRIDGE COUNTRY ESTATES  
 7663 WEST TOLLE LANE  
 DUNNELLO FL 34430  
 US

WOODRIDGE COUNTRY ESTATES  
 7663 WEST TOLLE LANE  
 DUNNELLO 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**  
**DUNNELLO 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	<input type="checkbox"/> Delete
NAME	FLOYD, LEO L	
STREET ADDRESS	7663 W. TOLLE LANE	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GREER, CLAIRE K.	
STREET ADDRESS	4791 S. APOPKA AVE.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLOYD, B. ZELIA	
STREET ADDRESS	7663 W. TOLLE LANE	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GREER, CARL L.	
STREET ADDRESS	4791 S. APOPKA AVE.	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D to P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D to T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory L Floyd	
STREET ADDRESS	7848 W. Flight Path Ct.	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 1758  
 Date Daytime Phone #

CR2E037 (9/99)