

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00936

1. Entity Name

PIONEER MINISTRY TEAMS, INC.

Principal Place of Business

9315 N. FLORIDA AVE  
TAMPA FL 33612  
US

Mailing Address

P. O. BOX 2586  
BONITA, SPRINGS FL 34133-2586  
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

65-0199735

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

CROWTHER, STEVEN  
27221 OLIVER DR  
BONITA SPRINGS FL 34135

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 VPD ☐ Delete  
NAME THOTTO, SHERRY A.  
STREET ADDRESS 17602 WHISTLING LANE  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☒ Change ☐ Addition  
NAME Ghiotto, Sherry A.  
STREET ADDRESS (Name Correction only)  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME CROWTHER, STEVEN  
STREET ADDRESS 27221 OLIVER DR  
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

TITLE PD ☐ Delete  
NAME GHIOTTO, JEFFREY R  
STREET ADDRESS 17602 WHISTLING LANE  
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete  
NAME STEWART, DAVID  
STREET ADDRESS 114 KENWOOD AVE  
CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 *Steven Crowther* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steven Crowther 3/07/00(94)992-7834

FILED  
Mar 13, 2000 8:00 am  
Secretary of State

03-13-2000 90031 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)