

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90305 020 \*\*\*\*61.25

**DOCUMENT # N04575**

1. Entity Name

**EFFECTIVENESS MINISTRIES, INC.**

Principal Place of Business

Mailing Address

206 S OCCIDENT ST  
 SUITE 107  
 TAMPA FL 33609  
 US

P.O. BOX 25936  
 TAMPA FL 33622-5936

2. Principal Place of Business

3. Mailing Address

206 S. OCCIDENT ST  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

Zip 33609

Country US

Zip

Country

4. FEI Number

59-2628977

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

MOORE, ROBERT B.  
 206 S. OCCIDENT ST  
 TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	MOORE, ROBERT B.	206 S. OCCIDENT ST	TAMPA FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	MOORE, PAUL	29034 LANDBRIDGE ST.	WESLEY CHAPEL FL 33543	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD	GOUGH, K	11221 WHEELING DR	TAMPA FL 33625	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

CR2E037 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MOORE, ROBERT B. MOORE Pres 4/27/00 813-286-7322