## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State **DOCUMENT # N04599** 1. Entity Name EKKLESIA MINISTRIES, INC. 05-24-2000 90194 028 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O DOUGLAS MANERS 4525 APOLLO RD TITUSVILLE FL 32780 P.O. BOX 915921 LONGWOOD FL 32791-5921 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State\_\_\_\_ 4. FEI Number 59-2437788 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired US . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 3 Nels Street Address (P.O. Box Number is Not Acceptable) MANERS, DOUGLAS 478 N. PIN OAK PL., #108 LONGWOOD FL 32779 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition T/T/ F ☐ Delete NAME NAME MANERS, DOUGLAS 2560 Denzzet DR STREET ADDRESS STREET ADDRESS 478 N. PIN OAK PL., #108 Titusville FL 32780 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TRLESJRE ☐ Delete TITLE Change Addition TITLE MANERS, JUDITH NAME NAME STREET ADDRESS 1560 Denocet DR STREET ADDRESS 478 N. PIN OAK PL., #108 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Change ☐ Addition TITLE STD ☐ Delete TITLE ethern koy, 26 Mzjesti NAME HARTHERN, ROY NAME STREET ADDRESS STREET AODRESS 1626 MAJESTIC OAKS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Change ☐ Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME

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.

STREET ADDRESS

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SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

29/2012 POOG 153 [ DALES

☐ Delete

5-1-2000

321-269-0697

Daytime Phone #

☐ Change

Addition