

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90101 043 \*\*\*\*61.25

**DOCUMENT # N07839**

1. Entity Name

**MERCEDES MINISTRIES, INC.**

Principal Place of Business

Mailing Address

% TOM & BETTY FRANKS  
 123 KINGS WAY  
 LEXINGTON SC 29073

% TOM & BETTY FRANKS  
 123 KINGS WAY  
 LEXINGTON SC 29073-8945

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

**NOT APPLICABLE**

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

JONES, MINNIE B  
 3333 LILA DR.  
 ORLANDO FL 32806

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  Delete  
 NAME DP  
 STREET ADDRESS FRANKS, TOM  
 CITY-ST-ZIP 123 KINGS WAY  
 LEXINGTON SC

TITLE  Change  Addition

TITLE  Delete  
 NAME DV  
 STREET ADDRESS FRANKS, BETTY P.  
 CITY-ST-ZIP 123 KINGS WAY  
 LEXINGTON SC

TITLE  Change  Addition

TITLE  Delete  
 NAME DS  
 STREET ADDRESS WELNICK, ROBERT  
 CITY-ST-ZIP 2308 LINCOLN ST  
 COLUMBIA SC 29201

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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: *TOM & BETTY FRANKS REQUIRED*

14 JAN 00 803-957-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #