

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10417

1. Entity Name

ROYALTY MINISTRIES, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

04-20-2000 90092 044 ****61.25

Principal Place of Business
641 BROOK DR.
NASHVILLE FL 37013
US

Mailing Address
641 BROOK DR.
NASHVILLE FL 37013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

Zip Country

Zip Country

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

SMITH, DAVID B
995 DE LA BOSQUE
BARTOW FL 33830

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	SMITH, DAVID B	
STREET ADDRESS	995 DE LA BOSQUE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, CYNTHIA D	
STREET ADDRESS	995 DE LA BOSQUE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOURDAN, KEITH	
STREET ADDRESS	3525 SERENDIPITY HILLS TR	
CITY-ST-ZIP	CORINTH TX 76520	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, David B.	
STREET ADDRESS	641 Brook Dr.	
CITY-ST-ZIP	Antioch, TN 37013	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Cynthia D.	
STREET ADDRESS	641 Brook Dr.	
CITY-ST-ZIP	Antioch, TN 37013	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jourdan, Keith	
STREET ADDRESS	3525 Serendipity Hills Tr.	
CITY-ST-ZIP	Corinth, TX 76520	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cameron, Bonnie	
STREET ADDRESS	1810 Fredricksburg Ave.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input 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		

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: *Cynthia D. Smith* **QUIPPED** *Cynthia D. Smith* 8-10-00 615-832-3722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

081400

DOCUMENT # N10417

1. Entity Name

ROYALTY MINISTRIES, INC.

Attachment

19585

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1810 Fredricksburg Ave. Lakeland, FL 33803	

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	Applied For
Not applicable	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
SMITH, DAVID B 5404-5 E. MICHIGAN ST. ORLANDO FL 32812

7. Name and Address of New Registered Agent	
Name	Bonnie Cameron
Street Address (P.O. Box Number is Not Acceptable)	1810 Fredricksburg Ave.
	Lakeland, FL 33803
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.

Bonnie Cameron-V

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE
FEE IS \$5.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Smith, David B. 641 Brook Dr. Antioch, TN 37013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Smith, Cynthia D. 641 Brook DR. Antioch, TN 37013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jourdan, Keith same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bonnie Cameron 1810 Fredricksburg Ave. Lakeland, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(f), 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: Cynthia D. Smith Cynthia D. Smith

4-7-00

615-832-3722