

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12587

1. Entity Name

STAN MCKIBBON MINISTRIES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90025 038 ****61.25

Principal Place of Business

Mailing Address

1729 DONEGAL DR
 CANTONMENT FL 32533
 US

1724 DONEGAL DR
 CANTONMENT FL 32533-8997
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2375416

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

MCKIBBON, WILLIAM STAN
1729 DONEGAL DR
CANTONMENT FL 32533

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	PD	<input type="checkbox"/> Delete
NAME	MCKIBBON, WILLIAM STAN	
STREET ADDRESS	1729 DONEGAL DR	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKIBBON, SHERLYN W.	
STREET ADDRESS	1729 DONEGAL DR	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROWN, ADELL	
STREET ADDRESS	#2 WHEATLEY SHOPPING CTR	
CITY-ST-ZIP	ST THOMAS VI	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Stan McKibbon 05/01/2000 850-968-1026
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)