

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2000 90056 030 ****70.00

DOCUMENT # N13031

1. Entity Name

DAVID E. STEWART, JR. EVANGELISTIC MINISTRIES, I

Principal Place of Business

Mailing Address

**% JANE C. SOLBERG
 3005 CROSS FOX DRIVE
 MULBERRY FL 33860**

**% JANE C. SOLBERG
 3005 CROSS FOX DRIVE
 MULBERRY FL 33860-8610**



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

59-2686001

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

**SOLBERG, JANE C.
 3005 CROSS FOX DRIVE
 MULBERRY FL 33860**

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 **PD STEWART JR, DAVID E**
 STREET ADDRESS **749 WAKELON RD**
 CITY-ST-ZIP **WINDSOR NC**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD STEWART, DAVID E SR**
 STREET ADDRESS **749 WAKELON ROAD**
 CITY-ST-ZIP **WINDSOR NC**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD BREDBENNER, HAL**
 STREET ADDRESS **8513 SOUTHBRIAR DR.**
 CITY-ST-ZIP **RALEIGH NC**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD SOLBERG, JANE C.**
 STREET ADDRESS **3005 CROSS FOX DR.**
 CITY-ST-ZIP **MULBERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD HARRELL, HOWARD**
 STREET ADDRESS **127 ASKEWVILLE-BRYANT ST**
 CITY-ST-ZIP **WINDSOR NC**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Jane C. Solberg* **SIGNATURE REQUIRED** **J.C. Solberg** 4/24/2000 (863) 425-2413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #