

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90066 045 ****61.25

DOCUMENT # N16140

1. Entity Name

ALDRIDGE FAMILY MINISTRIES, INC.

Principal Place of Business

Mailing Address

704 COLUMBIA AVENUE
 ST. CLOUD FL 34769
 US

704 COLUMBIA AVENUE
 ST. CLOUD FL 34769-3167
 US

2. Principal Place of Business

3. Mailing Address

1630 VINTAGE ST.

1630 VINTAGE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-2734013

Applied For

Not Applicable

Zip

34746

Country

OSCEOLA

Zip

34746

Country

OSCEOLA

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

ALDRIDGE, SILAS B.
 704 COLUMBIA AVE.
 ST. CLOUD FL 34769

Name

TERESA A. GORDON

Street Address (P.O. Box Number is Not Acceptable)

1630 VINTAGE ST.

KISSIMMEE

City

FL

Zip Code

34746

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

TERESA A. GORDON

Theresa A. Gordon

4/20/00

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
 ALDRIDGE, SILAS B.
 STREET ADDRESS 704 COLUMBIA AVE.
 CITY-ST-ZIP ST. CLOUD FL

TITLE Change Addition
 NAME DP
 ALDRIDGE, SILAS B.
 STREET ADDRESS RT. 2, BOX 306 A
 CITY-ST-ZIP WACROSS, GA. 31503

TITLE Delete
 NAME VTD
 ALDRIDGE, RONALD, B
 STREET ADDRESS 1530 WOODCROFT
 CITY-ST-ZIP FT. MILL SC

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 GIBBONS, BRUCE
 STREET ADDRESS 7008 THAMES CT
 CITY-ST-ZIP MATTHEWS NC

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 JOHNSON, BOB
 STREET ADDRESS 2930 CHERRY BLOSSOM CT
 CITY-ST-ZIP FT MILL SC

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

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:

Silas B. Aldridge

SILAS B. ALDRIDGE

Date

Daytime Phone #

4/20/00

912-287-0824

CR2E037 (9/99)