

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18266

1. Entity Name

MUSTARD SEED MINISTRIES OF FORT PIERCE, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90029 038 ****61.25

Principal Place of Business

Mailing Address

706 N 7TH STREET
FT. PIERCE FL 34950
US

P.O. BOX 3612
FORT PIERCE FL 34948-3612
US

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

65-0017366

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

JUNKER, CARL REV.
706 N 7TH STREET
FT. PIERCE FL 34950

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 **DO**
STREET ADDRESS **DONOVAN, KATHLEEN N**
CITY-ST-ZIP **251 BERMUDA BCH. DR.**
FT PIERCE FL

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **AD**
STREET ADDRESS **JUNKER, CARL REV.**
CITY-ST-ZIP **854 TIERRA**
PT ST LUCIE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **HAYNES, PRISCILLA**
CITY-ST-ZIP **1014 TRINIDAD AVE**
FT PIERCE FL

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **President**
STREET ADDRESS **Clarke B Schaaf**
CITY-ST-ZIP **252 Old Key West Dr.**
Ft. Pierce, FL 34982

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Treasurer**
STREET ADDRESS **Steve Cossens**
CITY-ST-ZIP **Shinn Rd**
Ft. Pierce, FL 34950

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Secretary**
STREET ADDRESS **Bob Whitely**
CITY-ST-ZIP **706 N. 7th Street**
FORT PIERCE, FL 34950

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

I 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 reported 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 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 an attachment with an address, with all other like empowered.

Kathleen N. Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 **561-464-8224**
Date Daytime Phone #

CR2E037 (9/99)