

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18266

1. Entity Name

MUSTARD SEED MINISTRIES OF FORT PIERCE, INC.

Principal Place of Business

706 N 7TH STREET
FT. PIERCE FL 34950
US

Mailing Address

P.O. BOX 3612
FORT PIERCE FL 34948
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

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 NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, KATHLEEN N 251 BERMUDA BCH. DR. FT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD JUNKER, CARL REV. 854 TIERRA PT ST LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYNES, PRISCILLA 1014 TRINIDAD AVE FT PIERCE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clarke Schaff 252 Old Key West Place #221 Fort Pierce, FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diane Mellent 2602 S. 17th Street Ft. Pierce, FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Cassens P.O. Box 593 Fort Pierce, FL 34954	☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90068 025 ****61.25

912340



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)