

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23417

1. Entity Name

REX HUMBARD MINISTRY, INC.

Principal Place of Business

P O BOX 3063
BOCA RATON FL 33431

Mailing Address

P O BOX 3063
BOCA RATON FL 33431-0963

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0032337

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

WHITE, JOHN II
1645 PALM BEACH LAKES BLVD.
PENTHOUSE SUITE
W. PALM BEACH FL 33401

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	HUMBARD, REX E., SR.	
STREET ADDRESS	265-5 OCEANVIEW BLVD.	
CITY-ST-ZIP	PACIFIC GROVE CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUMBARD, REX E JR.	
STREET ADDRESS	3600 S CONGRESS #E	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HUMBARD, DON R	
STREET ADDRESS	10909 TAMARISK TRAK	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LONDEREE, DONN	
STREET ADDRESS	3271 SE COURT DRIVE	
CITY-ST-ZIP	STEWART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, PETER	
STREET ADDRESS	9300 HOLLY HILL FARM RD.	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90129 021 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)