

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90010 031 ****61.25

DOCUMENT # N25956

1. Entity Name

THE BIBLE WAY SOUL SAVING STATION INC.

Principal Place of Business

464 N. 9TH STREET
 FORT PIERCE FL 34950
 US

Mailing Address

P.O. BOX 311
 FORT PIERCE FL 34954
 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 **59-2749070**

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

MILLS, KENNETH
1330 BRIARWOOD DR
PORT SAINT LUCIE FL 34986

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

Kenneth Mills *Kenneth Mills*

4-2-01

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 PD
 NAME MILLS, KENNETH
 STREET ADDRESS 1330 BRIAR WOOD DR
 CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☐ Delete

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

TITLE VD
 NAME MILLER, PINKIE
 STREET ADDRESS 5303 SANDIEGO AVE.
 CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE VD
 NAME *MILLER, Pinkie*
 STREET ADDRESS *1440 N. Briarwood Cir #16B*
 CITY-ST-ZIP *FT. Pierce, FL 34950* ☒ Change ☐ Addition

TITLE STD
 NAME MILLS, DONNA
 STREET ADDRESS 1330 BRIARWOOD DR
 CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☐ Delete

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

TITLE D
 NAME MERUES, RHONDA
 STREET ADDRESS 215 N. 40TH ST
 CITY-ST-ZIP FORT PIERCE FL 34947 ☐ Delete

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

TITLE D
 NAME MCBRIDE, PATRICIA
 STREET ADDRESS 603 S. 22ND ST
 CITY-ST-ZIP FORT PIERCE FL 34950 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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: *Kenneth Mills* *Kenneth Mills* *4-2-01* *561-466-9847*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)