

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28578

1. Entity Name

LIFE-GIVING EVANGELISTIC MINISTRIES, INC. - ABU

**FILED**  
**Jun 26, 2000 8:00 am**  
**Secretary of State**

06-26-2000 90001 008 \*\*\*\*70.00

Principal Place of Business

Mailing Address

12124 WILDBROOK DR  
 RIVERVIEW FL 33569  
 US

P.O. BOX 2754  
 BRANDON FL 33509-2754

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

95-3986359

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

WILDER, BESSIE  
 1906 GRACE STREET  
 TAMPA FL 33607

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 P ☐ Delete  
 NAME BARNES, MATTHEW Q  
 STREET ADDRESS 12124 WILDBROOK DR  
 CITY-ST-ZIP RIVERVIEW FL 33569

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

TITLE D ☐ Delete  
 NAME EDWARDS, PHILLIP  
 STREET ADDRESS 708 BLOOMINGFIELD DR  
 CITY-ST-ZIP BRANDON FL

TITLE D ☒ Change ☐ Addition  
 NAME STURGIS, ROBERT  
 STREET ADDRESS 4122 NASSAU ST. W.  
 CITY-ST-ZIP TAMPA, FL

TITLE D ☐ Delete  
 NAME WILDER, BESSIE  
 STREET ADDRESS 1906 GRACE STREET  
 CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete  
 NAME BLACK, VERNIE FAYE  
 STREET ADDRESS 3208 DELEUIL AVE.  
 CITY-ST-ZIP TAMPA FL

TITLE D ☐ Change ☐ Addition  
 NAME BLACK, VERNIE FAYE  
 STREET ADDRESS 3208 COMANCHE AV.  
 CITY-ST-ZIP TAMPA, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-00 (813) 672-6203

Date

Daytime Phone #

CR2E037 (9/99)