

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90134 018 \*\*\*\*61.25

**DOCUMENT # N32420**

1. Entity Name

**J & L TEACHING MINISTRY, INC.**

Principal Place of Business

Mailing Address

C/O TIMOTHY J. MANOR  
 215 NORTH EOLA DRIVE  
 ORLANDO FL 32801

C/O TIMOTHY J. MANOR  
 215 NORTH EOLA DRIVE  
 ORLANDO FL 32801-2028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2978998**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MANOR, TIMOTHY J.**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

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:**  
**FEES 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**  Delete  
 NAME **VOGT, STEVE**  
 STREET ADDRESS **1711 BARCELONA WAY**  
 CITY-ST-ZIP **WINTER PARK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **CHAMBERLAIN, PETER**  
 STREET ADDRESS **2845 MARQUESAS COURT**  
 CITY-ST-ZIP **WINDERMERE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **JAMES, IRMA**  
 STREET ADDRESS **5329 ROCK BOURNE CT**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CUMBEE, JIM**  
 STREET ADDRESS **5105 BEAUREGARD LANE**  
 CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE  Change  Addition  
 NAME **D JAMES, RANDALL**  
 STREET ADDRESS **5329 ROCKBOURNE CT.**  
 CITY-ST-ZIP **ORLANDO, FL. 32812**

TITLE **D**  Delete  
 NAME **GEBBEN, LAUREL**  
 STREET ADDRESS **2122 LILYPAD LANE**  
 CITY-ST-ZIP **WINDERMERE FL**

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:

*Irma James*

**JAMES**

**1-21-2000**

**407-658-0650**

*4-26-2000 Replaced with 1084 ck # 1081 Lost.*