

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33167

1. Entity Name

2ND TIMOTHY TWO MINISTRIES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90080 047 ****70.00

Principal Place of Business

Mailing Address

2104 CYPRESS BEND DRIVE SOUTH
APT. 401
POMPANO BCH. FL 33069-4444

2104 CYPRESS BEND DRIVE SOUTH
APT. 401
POMPANO BCH. FL 33069-4444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0163636

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

LILLIAN SAUNDERS
2104 CYPRESS BEND DR., #401
~~APT. 401~~
POMPANO BCH FL 33069

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 PD ☐ Delete
NAME SAUNDERS, LILLIAN
STREET ADDRESS 2104 CYPRESS BEND DR. S.
CITY-ST-ZIP POMPANO BCH. FL

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

TITLE D ☐ Delete
NAME SAUNDERS, SHARI
STREET ADDRESS ~~1511 CROWN COURT~~
CITY-ST-ZIP ~~ANN ARBOR MI~~

TITLE ☐ Change ☐ Addition
NAME SAUNDERS, SHARI
STREET ADDRESS 1455 DAK VALLEY DR. Apt 105
CITY-ST-ZIP ANN ARBOR MI 48108

TITLE STD ☐ Delete
NAME WILSON, MARY
STREET ADDRESS 2221 CYPRESS ISLAND DR., #501
CITY-ST-ZIP POMPANO BCH 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

TITLE ☐ Delete
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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

Date

Daytime Phone #

CR2E037 (9/99)