

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37058

1. Entity Name

LABORERS AND HARVESTORS MINISTRIES, INC.

Principal Place of Business

Mailing Address

% EMORY WILSON  
1034 N ANDERSON AVENUE  
LAKELAND FL 33805

% EMORY WILSON  
1034 N ANDERSON AVENUE  
LAKELAND FL 33805-4246

2. Principal Place of Business

1005 N. ROSE Street

3. Mailing Address

1005 N. ROSE Street

Suite, Apt. #, etc.

PO Box 775

Suite, Apt. #, etc.

PO Box 775

City & State

Lake Hamilton, FL

City & State

Lake Hamilton, FL

Zip

33851-0775

Country

POLK

Zip

33851-0775

Country

POLK

6. Name and Address of Current Registered Agent

WILSON, EMORY  
1034 N ANDERSON AVENUE  
LAKELAND FL 33805

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

Anthony J. Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 22, 2000

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D WILSON, CLARISSA  
1034 N ANDERSON AVE  
LAKELAND FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

D WOODS, MARY ANN  
1830 SILS RD.  
LAKE WALES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D JONES, ANTHONY J  
2184 66TH AVE S  
ST PETERSBURG FL 33712

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D WILSON, EMORY  
1034 N. ANDERSON AVE.  
LAKELAND FL 33805

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D JONES, LYNDIA K  
2184-66TH AVE S  
ST PETERSBURG FL 33712

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22, 2000

Date

(727) 864-6679

Daytime Phone #

FILED  
Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90181 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2914896

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required