

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90159 022 ****61.25

DOCUMENT # N38935

1. Entity Name

NAVY MINISTRY INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

C/O ROBERT H. FOSTER
 210 TEMPLE GROVE DRIVE
 WINTER GARDEN FL 34787

C/O ROBERT H. FOSTER
 210 TEMPLE GROVE DRIVE
 WINTER GARDEN FL 34787-2519



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3018542

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

FOSTER, ROBERT H.
210 TEMPLE GROVE DRIVE
WINTER GARDEN FL 34787

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

Robert H. Foster

1/28/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	RUSSELL, PAUL A., III	5013 MORTER AVE. ORLANDO FL				
	VD	FOSTER, ROBERT H.	210 TEMPLE GROVE DR. WINTER GARDEN FL				
	STD	THOMPSON, PAUL	287 NEEDLES TR. LONGWOOD FL				
	D	MACNAIR, DONALD B.	106 EAST MIMOSA DR. MIDWEST CITY OK				
	D	SCHEAFFER, DON	310 RUNNYMEADE CIR. SLIDELL LA				

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: *Robert H. Foster* *1/28/00 (407) 656-3880*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)