

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41992

1. Entity Name

DANNETTE FISHBURNE MINISTRIES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90202 037 \*\*\*\*70.00

Principal Place of Business Mailing Address  
696 YOUNGSTOWN PKWY UNIT 313 696 YOUNGSTOWN PARKWAY  
ALTAMONTE SPRINGS FL 32714 UNIT 313  
US ALTAMONTE SPRINGS FL 32714-4532  
US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Orlando Florida

Zip Country 32858 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3055299 Applied For  
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 32858

7. Name and Address of New Registered Agent

FISHBURNE DANNETTE  
696 YOUNTSTOWN PARKWAY UNIT 313  
ALTAMONTE SPRINGS FL 32714

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 \$5.00 May Be  
Trust Fund Contribution. Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, CARA		NAME		
STREET ADDRESS	7313 CABOR COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, MARSHA		NAME		
STREET ADDRESS	5507 WESTVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STORY, ANGELA		NAME		
STREET ADDRESS	1720 BEN COVE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, ESTER		NAME		
STREET ADDRESS	5780 KINGSGATE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHYLLIS F. MACK		NAME		
STREET ADDRESS	2415 BARRY DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLIS, JUDY		NAME		
STREET ADDRESS	8737 ALEGRE CIR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		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: DANNETTE FISHBURNE DANNETTE FISHBURNE 4/21/00 (618) 398-9931  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)