

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91191 035 ****70.00

DOCUMENT #

1. Entity Name

Dannette Fishburne Ministries, Inc.

Principal Place of Business

696 Youngstown Parkway
Unit 313
Altamonte Springs, FL
32714

Mailing Address

803 Whittingham Ct
Lake Mary, FL
32746

2. Principal Place of Business

696 Youngstown Parkway
Suite, Apt. #, etc.
Unit 313

3. Mailing Address

803 Whittingham Ct
Suite, Apt. #, etc.

City & State

Altamonte Springs, FL 32714

City & State

Lake Mary, FL 32746

Zip

Country

32714

Seminole

Zip

Country

32746

Seminole

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

7. Name and Address of New Registered Agent

Dannette Fishburne
696 Youngstown 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
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	President	<input type="checkbox"/> Delete
NAME	Dannette Fishburne	32714
STREET ADDRESS	696 Youngstown Parkway, Unit 313	
CITY-ST-ZIP	Altamonte Springs, FL	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	William Scott	
STREET ADDRESS	35 Wesley Dr	
CITY-ST-ZIP	Belleville, IL 62223	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Joyce Blander	
STREET ADDRESS	803 Whittingham Court	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Cara Johnson	
STREET ADDRESS	2788 Cullens Court	
CITY-ST-ZIP	Ocoee, FL 32761	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Phyllis Mack	
STREET ADDRESS	2415 Barry Drive South	
CITY-ST-ZIP	Jacksonville, FL 32714	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Yvonne Watts	
STREET ADDRESS	215 West Pond Rd Ext.	
CITY-ST-ZIP	North Branford, CT 06471	

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ester Wright	
STREET ADDRESS	4764 White Willow Lane	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marsha Johnson	
STREET ADDRESS	5507 Westview Dr	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 517, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)