

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46234

1. Entity Name

TRINITY EVANGELISTIC MINISTRIES, INC.

FILED

Jan 24, 2000 8:00 am  
Secretary of State

01-24-2000 90059 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

ONE FAIR OAKS LANE  
PERRY FL 32347

ONE FAIR OAKS LANE  
PERRY FL 32347-1516  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3104344

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

BRASWELL, ROBERT C.  
ONE FAIR OAKS LANE  
PERRY FL 32347

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	<input type="checkbox"/> Delete
NAME	BRASWELL, ROBERT	
STREET ADDRESS	ONE FAIR OAKS LANE	
CITY-ST-ZIP	PERRY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRASWELL, OPAL	
STREET ADDRESS	ONE FAIR OAKS LANE	
CITY-ST-ZIP	PERRY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCMULLEN, JUDY R.	
STREET ADDRESS	RT. 3 BOX 432	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, JIM	
STREET ADDRESS	RT. 3 BOX 151	
CITY-ST-ZIP	GREENVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, SUE	
STREET ADDRESS	RT. 3 BOX 151	
CITY-ST-ZIP	GREENVILLE FL	
TITLE		<input type="checkbox"/> Delete
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		
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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 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)