

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90001 009 ****61.25

DOCUMENT # N92000000963

1. Entity Name

FLORIDA MUSIC MINISTERS FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

**1306 MANATEE AVE. W.
 BRADENTON FL 34205**

**1306 MANATEE AVE. W.
 BRADENTON FL 34205-7520**

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

59-3152536

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

**VANN, JAMES M
 7008 36TH AVE.
 BRADENTON FL 34208**

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 Delete
 NAME **D VANN, JAMES M**
 STREET ADDRESS **7008 36TH AVE. E.**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ROWELL, JERRY**
 STREET ADDRESS **208 CARTIER AVE.**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE Change Addition
 NAME **D Reggie May**
 STREET ADDRESS **200 Concord Road**
 CITY-ST-ZIP **Deland, FL 32720**

TITLE Delete
 NAME **D EPPERSON, MARK**
 STREET ADDRESS **2223 LANGE STREET**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WHIPPLE, DAVID**
 STREET ADDRESS **15911 MYSTIC WAY**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

James M. Vann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00
 Date

941-746-2149
 Daytime Phone #

CR2E037 (9/99)