

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000613

1. Entity Name

MULTITUDE OF CHRIST MINISTRIES, INC.

Principal Place of Business

Mailing Address

7207 N. NEBRASKA AVE.
TAMPA FL 33604

P.O. BOX 360184
TAMPA FL 33673

2. Principal Place of Business

701 E. FLORA ST

Suite, Apt. #, etc.

3. Mailing Address -

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

HILLS

Zip

33604

Country

HILLS

Zip

Country

4. FEI Number

59-3225130

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, KEVIN PASTOR
701 E. FLORA ST.
TAMPA FL 33604

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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

TITLE CP
NAME HAWKINS, KEVIN
STREET ADDRESS 701 E. FLORA ST.
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE S
NAME MONTGOMERY, LISA
STREET ADDRESS 3013 N 38TH ST
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE MDT
NAME HAWKINS, SHARON L
STREET ADDRESS 701 E FLORA ST
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE 2NDT
NAME PARKER, HATTIE M.
STREET ADDRESS 2907 32ND STREET N.
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

TITLE D
NAME WILLIAMS, LILLIE M
STREET ADDRESS 2303 E. 10TH AVE.
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

Hawkins

Sept 18, 2001

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90046 033 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)