

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90026 001 *****8.75
 05-23-2000 90026 002 *****61.25

16284



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000005504

1. Entity Name

CHOSEN GENERATION MINISTRIES, INC.

Principal Place of Business

Mailing Address

3919 TANGIER ST
 SEBRING FL 33872
 US

3919 TANGIER ST
 SEBRING FL 33872-2233
 US

2. Principal Place of Business

3. Mailing Address

239 N.E. Lakeview Dr.

239 N.E. Lakeview Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, Fl.

City & State

Sebring, Fl.

4. FEI Number

65-0535908

Applied For

Not Applicable

Zip

33870

Country

USA

Zip

33870

Country

USA

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

MCDOWELL, SANDRA S
 3919 TANGIER ST
 SEBRING FL 33872

Name

FAUST, DR. LESTER DALE

Street Address (P.O. Box Number is Not Acceptable)

239 N. E. Lakeview Dr.

City

Sebring

FL

Zip Code

33870

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

Dr Lester Dale Faust

05-01-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCDOWELL, SNADRA S 3919 TANGIER ST SEBRING FL 33872	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CREWS, BRIAN J 2816 ROCKBROOK ST PLANO TX 75074	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, BRADY W 2860 PINEKNOLL DR, APT 200E AUBURN HILLS MI 48326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Faust, Dr. Lester Dale 239 N. E. Lakeview Dr. Sebring, Fl. 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Faust, Donna J. 239 N. E. Lakeview Dr. Sebring, Fl. 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bartholomew, Benjamin 239 N. E. Lakeview Dr. Sebring, Fl. 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bartholomew, Christina 239 N. E. Lakeview Dr. Sebring, Fl. 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Dr Lester Dale Faust

05-01-00 863 385-7382

CR2E037 (9/99)