

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005969

1. Entity Name

DAVID VAN WINKLE MINISTRIES INC.

Principal Place of Business

109 WINCHESTER DR
LEESBURG GA 31763
US

Mailing Address

109 WINCHESTER DR
LEESBURG GA 31763-5064
US

2. Principal Place of Business

600 Shetland DR

3. Mailing Address

600 Shetland DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Richmond Ky.

City & State

Richmond Ky.

4. FEI Number

59-3278739

Applied For

Not Applicable

Zip

Country

40475

Zip

Country

40475

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFMA, EDWARD A
3860 WYLDWOOD LANE
ORLANDO FL 32806

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

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	D	<input type="checkbox"/> Delete
NAME	VAN WINKLE, DAVID M	
STREET ADDRESS	109 WINCHESTER DR	
CITY-ST-ZIP	LEESBURG GA 31763	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANKENSHIP, RON	
STREET ADDRESS	2426 PERSHING OAKS PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFMA, EDWARD A	
STREET ADDRESS	3860 WYLDWOOD LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAJETICH, JILL	
STREET ADDRESS	4748 E MICHIGAN ST.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAJETICH, CHARLES G	
STREET ADDRESS	4748 E MICHIGAN ST.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WINKLE David M.	
STREET ADDRESS	600 Shetland DR.	
CITY-ST-ZIP	Richmond Ky. 40475	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blankenship Ron	
STREET ADDRESS	6013 Bay Valley Court	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Majetich Jill	
STREET ADDRESS	2926 Eglinton DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Majetich Charles H	
STREET ADDRESS	2926 Eglinton DR	
CITY-ST-ZIP	ORLANDO FL 32806	
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:

David M. Van Winkle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2000

606-625-1617

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90039 013 ****61.25

U U O O O O



DO NOT WRITE IN THIS SPACE