

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90071 012 ****61.25

DOCUMENT # N95000000200

1. Entity Name

BUD WILLIAMS MINISTRIES, INC.

Principal Place of Business Mailing Address
 500 WINDERMERE DRIVE 500 WINDERMERE DRIVE
 LAKELAND FL 33809 LAKELAND FL 33809-3361

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 Applied For
59-3299854 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIAMS, REV. HUGH E III
 500 WINDERMERE DRIVE
 LAKELAND FL 33809

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 Frances H. Williams Frances H. Williams S/T 2/22/00
 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 \$5.00 May Be Added to Fees
 Trust Fund Contribution. ☐

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUTZ, PAUL		NAME		
STREET ADDRESS	2921 GANT QUARTERS CIR		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUTZ, CAROL		NAME		
STREET ADDRESS	2921 GANT QUARTERS CIR		STREET ADDRESS		
CITY-ST-ZIP	MARIETTE GA 30068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCKER, VIVIAN		NAME		
STREET ADDRESS	105 RIVERDALE N		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA AL 35406		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, FRANCES H		NAME		
STREET ADDRESS	500 WINDERMERE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTIA, LOU REV		NAME		
STREET ADDRESS	4315 NW 23RD ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTIA, JOAN REV		NAME		
STREET ADDRESS	4315 NW 23RD		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		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: Frances H. Williams Frances H. Williams S/T 02/22/00
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)