

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000342

1. Entity Name

PEP MINISTRIES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90108 031 ****61.25

Principal Place of Business	Mailing Address
9 ROSALIE OAKS BOULEVARD LAKE WALES FL 33853	9 ROSALIE OAKS BOULEVARD LAKE WALES FL 33853-8446

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3297627	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/> -	\$8.75

6. Name and Address of Current Registered Agent
PARRISH, PAUL E 9 ROSALIE OAKS BOULEVARD LAKE WALES FL 33853

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. <input type="checkbox"/>	\$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	PARRISH, PAUL E
STREET ADDRESS	9 ROSALIE OAKS BOULEVARD
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	D <input type="checkbox"/> Delete
NAME	PARRISH, TRUMELIA A
STREET ADDRESS	9 ROSALIE OAKS BOULEVARD
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	D <input type="checkbox"/> Delete
NAME	PARRISH, M. EUGENE
STREET ADDRESS	9 ROSALIE OAKS BOULEVARD
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	D <input type="checkbox"/> Delete
NAME	HOLLEY, I. SHURRAIN
STREET ADDRESS	9 ROSALIE OAKS BOULEVARD
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	D <input type="checkbox"/> Delete
NAME	PODINSKI, TERESA T.
STREET ADDRESS	9 ROSALIE OAKS BLVD
CITY-ST-ZIP	LAKE WALES FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: <i>Paul Parrish</i>	DATE: April 9, 2000	DAYTIME PHONE #: 865-696-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E037 (9/99)