

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003400

1. Entity Name

FAR AND AWAY MISSIONS, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90086 020 ****70.00

Principal Place of Business

111 SE 9TH CT
POMPANO BEACH FL 33060
US

Mailing Address

2841 BRIAN DR.
UNION KY 41091-7672
US

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
65-0617568

Applied For

Not Applicable

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

KELLY, TOM
111 SE 9TH CT
POMPANO BCH FL 33060

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

TOM KELLY

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/28/00

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	P	<input type="checkbox"/> Delete
NAME	KELLY, W. THOMAS	
STREET ADDRESS	111 SE 9th Ct 33060	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, BRIAN	
STREET ADDRESS	7809 US 42	
CITY-ST-ZIP	FLORENCE KY 41042	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROOK, TROY	
STREET ADDRESS	2841 BRIAN DR.	
CITY-ST-ZIP	UNION KY 41091	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, LINDA	
STREET ADDRESS	2841 BRIAN DR.	
CITY-ST-ZIP	UNION KY 41091	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gena Weaver	
STREET ADDRESS	Union Ky	
TITLE	D	<input type="checkbox"/> Delete
NAME	Michelle Crook	
STREET ADDRESS	7055 Glenview Dr.	
CITY-ST-ZIP	Florence, Ky 41042	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Toma Joyce Beeson	
STREET ADDRESS	Union, Ky	
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Joyce Robinson	
STREET ADDRESS	Union, Ky	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	David Zimmer	
STREET ADDRESS	Union Ky	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TOM KELLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00 606 271-6300

Date

Daytime Phone #