

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2000 08:00 AM
Secretary of State

DOCUMENT # N95000003655

1. Entity Name

DENNIS' DREAM MINISTRIES, INC.

Principal Place of Business

5028 PINCHBREEZ CT

WEST PALM BEACH

33401

FL

US

Mailing Address

P.O. BOX 8725

WEST PALM BEACH

33407

US

FL

2. Principal Place of Business

5028 PINCHBREEZ CT

3. Mailing Address

5028 PINEBREEZE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH

FL

City & State

WEST PALM BEACH

FL

4. FEI Number

65-0601238

Applied For

Not Applicable

Zip

33415

Country

US

Zip

33415

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLENBERGER MICHAEL

5028 PINEBREEZE CT

WEST PALM BEACH

33415

FL

US

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.)

05/16/2000

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 SD ☐ Delete
NAME VERSICHELY KENNETH
STREET ADDRESS 5335 N MILITARY TRL, #41
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE T/D ☐ Delete
NAME ROCKEY, LEE
STREET ADDRESS 6230 17TH DR. S.
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE PD ☐ Delete
NAME KELLENBERGER, MICHAEL
STREET ADDRESS 5028 PINCEBREEZE CT
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE V/D ☐ Delete
NAME KELLENBERGER MARY L
STREET ADDRESS 5028 PINE BREEZE CT
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D ☒ Change ☐ Addition
NAME ROCKEY, LEE
STREET ADDRESS 4235 NARCISSUS AVE.
CITY-ST-ZIP LAKEWORTH FL 33461

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.