

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004039

1. Entity Name

LARRY MASSEY CHRISTIAN MINISTRIES, INC.

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

05-24-2000 90032 032 ****61.25

Principal Place of Business

Mailing Address

17595 SE 95 STATE ROAD
 OCKLAWAHA FL 32179
 US

17595 SE 95 STATE ROAD
 OCKLAWAHA FL 32179-4509
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3353297

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

MUTCH, SAMUEL A
 US 27 AND SR 51
 MAYO FL 32066

Name

Samuel A Mutch

Street Address (P.O. Box Number is Not Acceptable)

2114 NW 40th Terr. Suite A-1

City

Gainesville, FL

FL

Zip Code

32605

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MASSEY, LARRY
 CITY-ST-ZIP 17595 SE 95 STATE ROAD
 OCKLAWAHA FL 32179

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MASSEY, BETTY
 CITY-ST-ZIP 17595 SE 95 STATE ROAD
 OCKLAWAHA FL 32179

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WALKER, TIM
 CITY-ST-ZIP RT. 2 BOX 319
 MAYO FL 32066

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 352-288-3320

Date

Daytime Phone #

CR2E037 (9/99)