

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90090 016 ****61.25

DOCUMENT # N95000004424

1. Entity Name

UNTO HIM MINISTRIES, INC.

Principal Place of Business

Mailing Address

611 N. WYMORE RD
 STE 101
 WINTER PARK FL 32789
 US

P.O. BOX 941381
 MAITLAND FL 32794-1381

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3336193

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HEMPHILL, BARBARA
 2136 CHIPPEWA TRAIL
 MAITLAND FL 32751

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 BARBARA Hemphill - Executive Director

2-12-2001

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 **D** ☐ Delete
 NAME SINGLETON, DWIGHT
 STREET ADDRESS 1065 LUNDY CT
 CITY-ST-ZIP WINTER PARK FL 32792

TITLE **D** ☐ Change ☒ Addition
 NAME SPEARS, NANCY
 STREET ADDRESS 1015 LAKE ROGERS BLVD
 CITY-ST-ZIP Driedo

TITLE **D** ☐ Delete
 NAME THOMPSON, NANCY
 STREET ADDRESS 5310 LAKE HOWELL RD.
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE **D** ☐ Change ☒ Addition
 NAME JIMMY MOORE
 STREET ADDRESS 2002 KEWANEE TRAIL
 CITY-ST-ZIP Casselberry, FL 32707

TITLE **PD** ☒ Delete
 NAME BECTON, BILL
 STREET ADDRESS 542-21 ORANGE DR.
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE **TD** ☐ Change ☒ Addition
 NAME MARVIN MOORE
 STREET ADDRESS 1043 LUNDY CT
 CITY-ST-ZIP WINTER PARK, FL 32792

TITLE **SD** ☐ Delete
 NAME BECTON, PHYLLIS
 STREET ADDRESS 542-21 ORANGE DR.
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

TITLE **VD** ☐ Delete
 NAME HEMPHILL, JOHN
 STREET ADDRESS 2136 CHIPPEWA TR
 CITY-ST-ZIP MAITLAND FL

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

TITLE **D** ☐ Delete
 NAME MOORE, NANCY
 STREET ADDRESS 20021 KEWANEE TRAIL
 CITY-ST-ZIP CASSELBERRY FL 32707

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: Barbara Hemphill **BARBARA Hemphill** 2-12-2001 407-629-8131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)