2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500004833



IADERN	IACLE MINISTRIES, INC.		10)	03-00-2001 30270 0	.02 01	.23	
1024 SO 74TH ST 1 TAMPA FL 33419 T		Mailing Address 1024 SO.78TH STREET TAMPA FL 33619			.,		r ag sar	
2. Principal Place of Business 355 CINDY LANS Suite, Apt. #, etc. 3. Mailing Address P. D. BUX Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
Bran	Don, Hurupa	City & State	wrids	4. FE! Number	59-2252608		oplied For ot Applicable	
33 5 7	Country USA 6. Name and Address of Current	Zip 33689	Country USA	5. Certificate of	Status Desired ddress of New Registered	\$8.75 Add Fee Require		
			- Name		يرم يون منظم المنظم			
LANGSTON, LONNIE 1024 S. 78TH STREET TAMPA FL 33619			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
···				ANDON	FL	Zip Cod 3357	e D	
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or	registered agent, or both,	in the state of Florida.		.;	
្ស GNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatu.	re required when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·		
	FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be \$2	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Chec Departme	k Payable ent of State	I	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHAP	NGES TO OFFICERS AND D	IRECTORS IN	i 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGSTON, LONNIE 1024 S. 78TH STREET TAMPA FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 CIND	ADDRASS LANG	☑ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM, W.C 1971 W LUNGDEN RD #308 BRADEN FL 33501	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY LI 1971 W. L Brandon	unsben Rb. H , Fla: 33511	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMBERS, C.J 1971 W LUNAS RD #302 BRADEN FL 33501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANTA LA 355 CIND BRANDON,	Moston Y LANG FLA. 33510	Change	△ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby	certify that the information supplied with	this filing does not qualify for t	the exemption state	ed in Section 119.07(3)(i),	Florida Statutes. I further ce	rtify that the i	nformation	

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: