

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001771

1. Entity Name

FACE TO FACE MINISTRIES, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90072 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4266 W HWY 30-A  
SANTA ROSA BEACH FL 32459

4266 W HWY 30-A  
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3423722

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

NEIDORF, BEVERLY J  
4266 W HWY 30-A  
SANTA ROSA BEACH FL 32459

*Note legal name change*  
*Spaulding, Beverly*  
*4266 W. Hwy 30-A*  
*Santa Rosa Beach, FL*  
*32459.*

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

*Beverly Spaulding*

4/10/00

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 DV ☐ Delete  
NAME CUMMINGS, JOSEPH M  
STREET ADDRESS 16400 CASTILLE AVE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

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

TITLE DST ☐ Delete  
NAME WEIS, CAROLYN J  
STREET ADDRESS RR 4 BOX 19-B  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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

TITLE DP ☐ Delete  
NAME NEIDORF, BEVERLY J  
STREET ADDRESS 4266 W HWY 30-A  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☐ Addition  
NAME *name change*  
STREET ADDRESS *Beverly J. Spaulding*  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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.

SIGNATURE:

*Beverly Spaulding* *4/10/00* *850* *267-1850*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)