

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002202

1. Entity Name

BEACON FOR CHRIST MINISTRY, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90227 008 ****61.25

Principal Place of Business

900 VINELAND ROAD
WINTER GARDEN FL 34787

Mailing Address

900 VINELAND ROAD
WINTER GARDEN FL 34787-3941

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3380017

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

FOWLER, SALLY ANN
900 VINELAND RD.
WINTER GARDEN FL 34787

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)

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	PTD	<input type="checkbox"/> Delete
NAME	FOWLER, SALLY ANN	
STREET ADDRESS	900 VINELAND ROAD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	YOUNG, NANCY LEE	
STREET ADDRESS	1411 DRESSSEL TERRACE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, BETTY	
STREET ADDRESS	469 NORTHERN DURANGO	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELLAVLOPE, EVELYN	
STREET ADDRESS	469 NORTHERN DURANGO	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 (47) 656-8580
Date Daytime Phone #

CR2E037 (9/99)