

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 06, 2000 8:00 am  
Secretary of State

09-06-2000 90095 032 \*\*\*\*70.00

DOCUMENT # N96000002558

1. Entity Name

"LABOR OF LOVE" MINISTRY OF MACCLENLY, INC.

Principal Place of Business

11 W. MACCLENLY AVE.  
MACCLENLY FL 32063

Mailing Address

11 W. MACCLENLY AVE.  
MACCLENLY FL 32063

80105069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1210 S. 5<sup>th</sup> Street  
Suite, Apt. #, etc.

3. Mailing Address

1210 S. 5<sup>th</sup> St.  
Suite, Apt. #, etc.

City & State

MACCLENLY

City & State

FLA.

4. FEI Number

31-1484184

Applied For

Not Applicable

Zip

32063

Country

BAKER

Zip

32063

Country

BAKER

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREDERICK, HENRY D  
11 W. MACCLENLY AVE.  
MACCLENLY FL 32063

7. Name and Address of New Registered Agent

Name HENRY D. FREDERICK  
Street Address (P.O. Box Number is Not Acceptable)  
1210 S. 5<sup>th</sup> Street  
City MACCLENLY FL Zip Code 32063

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

*Henry D. Frederick* (Address)  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

9-2-2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	FREDERICK, HENRY D	
STREET ADDRESS	1210 S. FIFTH ST.	
CITY-ST-ZIP	MACCLENLY FL 32063	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SNOW, KENNETH G	
STREET ADDRESS	RT. 1, BOX 647-F	
CITY-ST-ZIP	MACCLENLY FL 32063	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RAWLS, VINCENT	
STREET ADDRESS	DUPREE RD., RT. 1, BOX 789	
CITY-ST-ZIP	MACCLENLY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHODEN, THOMAS R	
STREET ADDRESS	515 S. SIXTH ST.	
CITY-ST-ZIP	MACCLENLY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, GRANVEL S	
STREET ADDRESS	CTY. RD. 125 NORTH	
CITY-ST-ZIP	GLEN ST. MARY FL 32040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN M. COIBERT	
STREET ADDRESS	631 DOUBERLY RD.	
CITY-ST-ZIP	MACCLENLY, FLA. 32063	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT RAWLS	
STREET ADDRESS	DUPREE RD. RT. 1 BOX 789	
CITY-ST-ZIP	MACCLENLY, FLA. 32063	
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		
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:

*Henry D. Frederick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-2-2000 (904) 258-9414

CR2E037 (5/00)