2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002699

STREET ADDRESS CITY-ST-ZIP

MIKE KRUGER MINISTRIES, INC.

Principal Place of Business 5147 FLICKER FIELD CIRCLE SARASOTA FL 34231

Mailing Address

P.O. BOX 19291 SARASOTA FL 34276-2291

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0682717 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KRUGER, MARJORIE I 5147 FLICKER FIELD CIRCLE SARASOTA FL 34231 Zip Code FL 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. رس کا کا کانکار کی SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change ☐ Addition D٧ TITLE Hammer, Kay NAME NAME Hammer. K STREET ADDRESS STREET ADDRESS 1245 MOORE WOOD RD CITY-ST-ZIP CITY-ST-ZIP HIGHLANDS NC 28741 ☐ Change ☐ Addition ☐ Delete TITLE COOKERLY, KELLY NAME STREET ADDRESS STREET ADDRESS 5147 FLICKER FIELD CIR. CITY-ST-ZIP CITY-ST-ZIP SARSOTA FL Delete TITLE Change ☐ Addition TITLE HAMMER, KAY NAME NAME STREET ADDRESS STREET ADDRESS 1002 S. HARBOR IS. BLVD., #1605 CITY-ST-ZIP CITY-ST-ZIP tampa fl Change Addition DS ☐ Delete TITLE SIGFUSSON, BECKY NAME NAME STREET ADDRESS STREET ADDRESS 311 E 7TH ST CITY-ST-ZIP CITY-ST-ZIP HINSDALE FL **Addition** TITLE ☐ Change ☐ Delete TITLE Kruger, Marjorie I. 5147 Flicker Field NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Sarasota, FL 34231 ☐ Change Addition ☐ Delete TITLE TITLE NAME 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)(1), 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

Offic I. Kruger - President 1/29/00 SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

FILED

May 18, 2000 8:00 am Secretary of State

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