

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006072

1. Entity Name

DAVID ANDREWS MINISTRIES, INC.

Principal Place of Business

455 DEPOT AVENUE
DELRAY BEACH FL 33447

Mailing Address

455 DEPOT AVENUE
DELRAY BEACH FL 33447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0704169

Applied For

Not Applicable

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

ANDREWS, DAVID
455 DEPOT AVENUE
DELRAY BEACH FL 33447

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ANDREWS, DAVID
STREET ADDRESS 455 DEPOT AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33447 ☐ Delete

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

TITLE ACD
NAME CAIN, COURTNEY
STREET ADDRESS 1900 NE 2ND LANE
CITY-ST-ZIP BOYNTON BCH FL 33435 ☐ Delete

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

TITLE TD
NAME ANDREWS, JULIA
STREET ADDRESS 455 DEPOT AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33447 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27th - 2001 - 278-3446

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90013 010 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)