

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
 06-07-2000 90433 004 ****61.25

DOCUMENT # N97000000225

1. Entity Name

DAVID SUTTON MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

**479 NORTH DIXIE AVE
 TITUSVILLE FL 32780
 US**

**P.O. BOX 1868
 TITUSVILLE FL 32781-1868
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0731280

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

~~LEE, RICHARD V~~
~~240 N WASHINGTON BLVD~~
~~SUITE 200~~
~~SARASOTA FL 34236~~

Name **DAVID SUTTON**

Street Address (P.O. Box Number is Not Acceptable)

479 NORTH DIXIE HWY

City **TITUSVILLE**

FL

Zip Code **32796**

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

DAVID SUTTON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 26 2000

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 **D** ☐ Delete
 NAME **SUTTON, D**
 STREET ADDRESS **13901 BLESSINGS WAY**
 CITY-ST-ZIP **BRDENTON FL 34202**

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

TITLE **D** ☐ Delete
 NAME **CRUISE, R**
 STREET ADDRESS **4100 SE 20TH AVE**
 CITY-ST-ZIP **KEYSTONE HTS-FL**

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

TITLE **DT** ☐ Delete
 NAME **SUTTON, J**
 STREET ADDRESS **13901 BLESSINGS WAY**
 CITY-ST-ZIP **BRADENTON FL 34302**

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
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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 DAVID SUTTON

APRIL 26 2000 407-595-7729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)