2000 UNIFORM BUSINESS REPORT (UBR)

7/7

FILED
Sep 12, 2000 8:00 am
Secretary of State
07-21-2000 90154 022 ****61.25

DOCUMENT # N97000002004

1. Entity Name

REMNANT MINISTRIES INCORPORATED

Principal Place of Business	Mailing Address
408 LAKE ELIZABETH DRIVE. S.E. WINTER HAVEN FL 33884	408 LAKE ELIZABETH DRIVE. S.E. WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2750 Old St Augustine Rd.	2750 Old St Augustine Rd
Suite, Apt. #, etc. #H74	Suite, Apt. #, etc. #H74
City & State Tallahassee FL	City & State Tallahassee FL
Zip / Country 32301 / Leon	Zip / Country 32301 / Leon

4. FEI Number 65-0919327 ☐ 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
LOPEZ, ERIC S 408 LAKE ELIZABETH DRIVE, S.E. WINTER HAVEN FL 33884	Name: Lopez, Eric S Street Address (P.O. Box Number is Not Acceptable): 2750 Old St. Augustine Rd #H74 City: Tallahassee FL FL Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, ERIC S 408 LAKE ELIZABETH DRIVE, S.E. WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LOPEZ, PETER S 408 LAKE ELIZABETH DRIVE, S.E. WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOPEZ, JESSIKA Y 408 LAKE ELIZABETH DRIVE, S.E. WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NAUGHTON, SCOTT 5850 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOPEZ, YOLANDA 408 LAKE ELIZABETH DRIVE S.E. WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD LOPEZ, SAMUEL 408 LAKE ELIZABETH DRIVE, S.E. WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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: Eric S Lopez **REQUIRED** 7-10-00 850 575-2041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #