

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002478

1. Entity Name

OUR GOD REIGN MINISTRY INCORPORATED

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90032 001 ****61.25
05-23-2000 90032 002 ****8.75

Principal Place of Business

Mailing Address

307 AMERICAN LEGION RD
MASCOTTE FL 34753
US

P.O. BOX 1173
MASCOTTE FL 34753-1173
US

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

59-3523004

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

MIKE, ROBERT II
1801 LEE ROAD
WINTER PARK FL 32789

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 PT
NAME HARDY, TONY L ☐ Delete
STREET ADDRESS 1047 PARKWOOD AVE
CITY-ST-ZIP GROVELAND FL 34736

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

TITLE VTS
NAME HARDY, VERONICA ☐ Delete
STREET ADDRESS 1047 PARKWOOD AVE
CITY-ST-ZIP GROVELAND FL 34736

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

TITLE T
NAME THOMAS, HARRY L ☒ Delete
STREET ADDRESS 131 CORTESE STREET
CITY-ST-ZIP GROVELAND FL 34736

TITLE T ☐ Change ☒ Addition
NAME BERTHA LEE DUKES
STREET ADDRESS 824 HART Street
CITY-ST-ZIP Groveland FL 34736

TITLE T
NAME HARDY, EVA NELL ☐ Delete
STREET ADDRESS P.O. BOX 92208
CITY-ST-ZIP LEESBURG FL 34749

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

TITLE T
NAME ROGERS, MARY ☐ Delete
STREET ADDRESS 1286 CAROLYN DR
CITY-ST-ZIP CLERMONT FL 34711

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

TITLE T
NAME THOMAS, PATRICIA A ☐ Delete
STREET ADDRESS 131 CORTESE STREET
CITY-ST-ZIP GROVELAND FL 34736

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
TONY L. HARDY (President)

5-7-2000

352-429-4504