

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002806

1. Entity Name

"HOME ON THE RANGE" MINISTRIES INTERNATIONAL, IN

Principal Place of Business

6870 HAMMOCK LN  
WEST PALM BEACH FL 33411

Mailing Address

6870 HAMMOCK LN  
WEST PALM BEACH FL 33411-2610

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

65-0760556

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

BUTLER, TERESA E  
6870 HAMMOCK LN  
WEST PALM BEACH FL 33411

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  
NAME BUTLER, TERESA E ☐ Delete  
STREET ADDRESS 6870 HAMMOCK LN  
CITY-ST-ZIP WEST PALM BEACH FL 33411

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

TITLE  
NAME BUTLER, BRANT A ☐ Delete  
STREET ADDRESS 6870 HAMMOCK LN  
CITY-ST-ZIP WEST PALM BEACH FL 33411

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

TITLE  
NAME BECOTTE, REV. THOMAS W ☐ Delete  
STREET ADDRESS 2123-C YAGER CREEK DR  
CITY-ST-ZIP CHARLOTTE NC 28273

TITLE ☒ Change ☐ Addition  
NAME Becotte, Rev. Thomas W  
STREET ADDRESS 3409 Arboretum View  
CITY-ST-ZIP Charlotte, NC 28226

TITLE  
NAME BECOTTE, GUISELLA ☐ Delete  
STREET ADDRESS 2123-C YAGER CREEK DR  
CITY-ST-ZIP CHARLOTTE NC 28273

TITLE ☒ Change ☐ Addition  
NAME Becotte, Guisella  
STREET ADDRESS 3409 Arboretum View  
CITY-ST-ZIP Charlotte, NC 28226

TITLE  
NAME FERRIS, SHARON ☐ Delete  
STREET ADDRESS 1111 GREEN PINE BLVD, G1  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition  
NAME Ferris, Sharon  
STREET ADDRESS 4703 Lucerne Lakes Blvd # 203  
CITY-ST-ZIP Lake Worth, FL 33467

TITLE  
NAME HALE, MERLE ☐ Delete  
STREET ADDRESS 555 OLD SCHOOL ROAD  
CITY-ST-ZIP GULFSTREAM FL 33483

TITLE ☒ Change ☐ Addition  
NAME Hale, Merle  
STREET ADDRESS 5181 Cedar Lake Rd. # 1-111  
CITY-ST-ZIP Boynton Beach, FL 33437

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 31, 2000 8:00 am  
Secretary of State

03-31-2000 90067 020 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Teresa E. Butler

March 27, 2000 561-686-6600