

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003234

1. Entity Name

SAVE OUR CITIES AND HEAL THIS LAND MINISTRIES, I

FILED

Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90072 012 ****70.00

Principal Place of Business

209 OSCEOLA ST
TALLAHASSEE FL 32301

Mailing Address

209 OSCEOLA ST
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3432923

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

FORD, ANNETTE
209 OSCEOLA ST
TALLAHASSEE FL 32301

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

Annette Hale Ford

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

(NOTE: Registered Agent signature required when reinstating)

09/07/2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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 FORD, ANNETTE H
STREET ADDRESS 209 OSCEOLA ST
CITY-ST-ZIP TALLAHASSEE FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME FORBES, JO FRANCES
STREET ADDRESS RT. 7 BOX 928-A
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME HALE, LILLIE R
STREET ADDRESS 209 OSCEOLA ST
CITY-ST-ZIP TALLAHASSEE FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME HALL, BARBARA J
STREET ADDRESS 5695 CYPRESS CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MAS
NAME NEELEY, GEOGETTE P
STREET ADDRESS 7233 WYMART RD
CITY-ST-ZIP PENSACOLA FL 32526

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MCC
NAME COLLIER, SYLVIA V
STREET ADDRESS 1465 GOODWOOD CT
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Annette Hale Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/07/2000

Daytime Phone #

CR2E037 (5/00)