

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003799

1. Entity Name

GO FORTH MINISTRIES, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90051 023 ****61.25

Principal Place of Business	Mailing Address
6608 PINNACLE HEIGHTS CIR APT. 903 BLD-9 TAMPA FL 33624 US	9208 Brindlowood P.O. 424 or ODESSA FL 33556-0424 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
		31-1547948	Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PACE, JOHN F 23 E. TARPON AVE TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
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 _____ (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	
TITLE	D <input type="checkbox"/> Delete
NAME	WHITNEY, ERIC
STREET ADDRESS	CUBA 3770, 1429 CAPITOL FEDERAL
CITY-ST-ZIP	BURNES AIRES AR
TITLE	D <input type="checkbox"/> Delete
NAME	PACE, JOHN
STREET ADDRESS	23 E. TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, JIM
STREET ADDRESS	9841 FOX SQUIRREL DR.
CITY-ST-ZIP	NEW PORT RICHEY FL 34654
TITLE	D <input type="checkbox"/> Delete
NAME	ROGERS, TED
STREET ADDRESS	1220 DEVONSHIRE
CITY-ST-ZIP	MESQUITE TX 75150
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CROCCO, MARK
STREET ADDRESS	PO BOX 1, UPPER STUMP & CHURCH ROADS
CITY-ST-ZIP	HILLTOWN PA 18927
TITLE	D <input type="checkbox"/> Delete
NAME	GOMEZ, NESTOR
STREET ADDRESS	JA CABARRA 6071 (1414 CAPITAL FEDERAL)
CITY-ST-ZIP	BUENOS AIRES ARGENTINA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of John F. Pace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2000 727-938-0160
Date Daytime Phone #

CR2E037 (9/99)