## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 03, 2000 8:00 am Secretary of State DOCUMENT # N97000003935 1. Entity Name THIRD MILLENNIUM MINISTRIES, INC. 02-03-2000 90022 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 646 KENWICK CIRCLE #102 **PMB 15** 5840 RED BUG LAKE ROAD CASSELBERRY FL 32707 JIAJIJ WINTER SPRINGS FL 32708-5011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1598585 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PRATT, RICHARD L 646 KENWICK CIRCLE #102 City Zip Code CASSELBERRY FL 32707 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE Change DERRY, GREGORY L. NAME NAME Pratt, richard L Jr. 3401 Brook Road STREET ADDRESS STREET ADDRESS 646 KENWICK CIRCLE #102 Richmond, VA <del>artola</del> azza7 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Change Addition TITLE Delete SOULE, DIANA L. NAME PRATT, RICHARD L SR NAME 648 Kenwick Circle, #203 STREET ADDRESS STREET ADDRESS 408 BONHILL DRIVE NW... Casselberry-FL-32707 CITY-ST-ZIP CITY-ST-7IP **ROANOKE VA 24012** ☐ Addition TITLE ☐ Channe TITLE TD Delete NAME PRATT, JEANNE T NAME STREET ADDRESS STREET ADDRESS **408 BONHILL DRIVE NW** CITY-ST-ZIP CITY-ST-ZIP **ROANOKE VA 24012** Change ☐ Addition CD ☐ Delete TITLE TITLE PILLOW, JANE P NAME NAME STREET ADDRESS STREET ADDRESS **16487 HIGHWAY 3** CITY-ST-ZIP CITY-ST-ZIP YAZOO CITY MS 39194 ☐ Addition ☐ Delete TITLE Change NAME **BUSH, DONALD** NAME STREET ADDRESS STREET ADDRESS **BOX 68 N/A** CITY-ST-ZIP CITY-ST-ZIP arlington va 22201 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #