

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90051 006 ***70.00

DOCUMENT # N97000004399

1. Entity Name
E.C. REEMS WOMEN'S INTERNATIONAL MINISTRIES, ORL

Principal Place of Business 8737 ALEGRE CIRCLE ORLANDO FL 32836	Mailing Address 8737 ALEGRE CIRCLE ORLANDO FL 32836-5453
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6147 Rhythm Circle Suite, Apt. #, etc. Orlando, FL City & State Zip 32808 Country USA	3. Mailing Address 6147 Rhythm Circle Suite, Apt. #, etc. Orlando, FL City & State Zip 32808 Country USA
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4. FEI Number 59-3359024	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 HOLLIS, JUDY
 8737 ALEGRE CIRCLE
 ORLANDO FL 32836

7. Name and Address of New Registered Agent
 Name Janice Carlton
 Street Address (P.O. Box Number is Not Acceptable)
 6147 Rhythm Circle
 City Orlando FL Zip Code 32808

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] DATE: 4/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: SEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME CARLTON, JANICE	
STREET ADDRESS 6147 RHYTHM CIR	
CITY-ST-ZIP ORLANDO FL 32818	
TITLE VPD	<input type="checkbox"/> Delete
NAME FREDERICK, EUDENE	
STREET ADDRESS 1525 W. WASHINGTON STREET	
CITY-ST-ZIP ORLANDO FL 32803	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME EDMONDS, JACHOSIA	
STREET ADDRESS 6287 SILVER GLEN CT	
CITY-ST-ZIP ORLANDO FL 32819	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME RUTLEDGE, QUEEN	
STREET ADDRESS 2512 SANTANA AVE	
CITY-ST-ZIP ORLANDO FL 32811	
TITLE SD	<input type="checkbox"/> Delete
NAME DEPRADINE, GLORIA J	
STREET ADDRESS 550 CONSTITUTION DR	
CITY-ST-ZIP ORLANDO FL 32809	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] **4/26/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)