

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005060

1. Entity Name

SPIRITSONG MINISTRIES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90131 014 ****70.00

Principal Place of Business

66 CENTENNIAL CT
DEERFIELD BEACH FL 33442
US

Mailing Address

POST OFFICE BOX 5204
DEERFIELD BEACH FL 33442-5204

2. Principal Place of Business

1418 SW 25th way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

4. FEI Number

65-0781983

Applied For

Not Applicable

Zip

Country

33442

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

ANDREWS, JILL L
66 CENTENNIAL COURT
DEERFIELD BEACH FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

1418 SW 25th way

City

Deerfield Beach

FL

Zip Code

33442

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 reinstalling)

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 D ☐ Delete
NAME JAWORSKI, DEANNA
STREET ADDRESS 66 CENTENNIAL CT
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1418 SW 25th way
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE D ☐ Delete
NAME ANDREWS, JILL
STREET ADDRESS 66 CENTENNIAL CT
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1418 SW 25th way
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE D ☐ Delete
NAME CRIST, VIRGINIA PHD
STREET ADDRESS 500 S OCEAN WY STE 605
CITY-ST-ZIP DEERFIELD BEACH FL 33441

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-00

954-418-8372

CR2E037 (9/99)