

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005257

1. Entity Name

LIVING BY FAITH MINISTRIES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90073 026 ****61.25

Principal Place of Business

BROWNLEE RD
STARKE FL 32091

Mailing Address

ROUTE 2 BOX 1251
STARKE FL 32091-9529
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3469957

Applied For

Not Applicable

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

HILLIARD, MANUEL
ROUTE 2 BOX 1251
STARKE FL 32091

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P MITCHELL, DAVID D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	RT 2 BOX 1831	
CITY-ST-ZIP	STARKE FL 32091	
TITLE NAME	VPD HILLIARD, CYNTHIA H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	RT. 2 BOX 1251	
CITY-ST-ZIP	STARKE FL 32091	
TITLE NAME	C HILLIARD, MANUEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	RT. 2 BOX 1251	
CITY-ST-ZIP	STARKE FL 32091	
TITLE NAME	S STEWART, VIOLET	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 591	
CITY-ST-ZIP	STARKE FL 32091	
TITLE NAME	DVC GRIFFIS, SANDRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1224 N THOMPSON ST	
CITY-ST-ZIP	STARKE FL 32091	
TITLE NAME	D STEWART, CARL	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 591	
CITY-ST-ZIP	STARKE FL 32091	

TITLE NAME	P Harold Finley	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 1561 Glen St Mary FL	
CITY-ST-ZIP	ZIP 32040	
TITLE NAME	V.P.T Hilliard Cynthia H.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Rt 2 Box 1251 Starke, FL	
CITY-ST-ZIP	32091	
TITLE NAME	C Charles Hilliard	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Rt 2 Box 1251	
CITY-ST-ZIP	Starke FL 32091	
TITLE NAME	VC Gwen Dickinson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Rt 2 Box 1251	
CITY-ST-ZIP	Starke, FL 32091	
TITLE NAME	D Griffis, Sandra	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1224 N. Thompson St	
CITY-ST-ZIP	Starke, FL 32091	
TITLE NAME	D Deborah Johnson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 1561	
CITY-ST-ZIP	Glen St Mary, FL 32040	

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 Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00

904964-2330

CR2E037 (9/99)