

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005257 **AMENDED**

1. Entity Name

LIVING BY FAITH MINISTRIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 AM 8:35

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

**HILLIARD, MANUEL
ROUTE 2 BOX 1251
STARKE FL 32091**

7. Name and Address of New Registered Agent

Name **Keith Anthony Hilliard**
Street Address (P.O. Box Number is Not Acceptable)
**Rt 2 Box 1251
Starke**
City **FL** Zip Code **32091**

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

Keith Anthony Hilliard *Keith A Hilliard* **6/26/00**

Signature, typed or printed name of registered agent, and date of application

(NOTE: Registered Agent signature required when filing)

600003328736--2

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

07/13/00--01119--014

*******Make Check payable to
Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	Harold Finley Keith Anthony Hilliard ☒ Change ☐ Add
STREET ADDRESS			P.O. Box 1561 Glen St. Mary FL
CITY-ST-ZIP			Zip 32040 Rt 2 Box 1251 Starke FL
TITLE	V.P.T.O.	NAME	Hilliard Cynthia H. ☒ Change ☐ Add
STREET ADDRESS			Rt 2 Box 1251 Starke, FL 32091
CITY-ST-ZIP			FL 32091
TITLE	C	NAME	Charles Hilliard ☐ Change ☐ Add
STREET ADDRESS			Rt 2 Box 1251
CITY-ST-ZIP			Starke FL 32091
TITLE	W.D.	NAME	John McKinney ☐ Change ☐ Add
STREET ADDRESS			Green Oak Rd Rt 2 Box 1370
CITY-ST-ZIP			Rt 2 Box 1370 Starke, FL 32091
TITLE		NAME	GriFFis, SANDRA ☐ Change ☐ Add
STREET ADDRESS			1224 N. Thompson St
CITY-ST-ZIP			STARKE FL 32091
TITLE		NAME	O WANDA Salena Hilliard ☐ Change ☐ Add
STREET ADDRESS			Deborah Johnson Rt 2 Box
CITY-ST-ZIP			P.O. Box 1561 Glen St. Mary Starke FL 32091

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, changed, or on an attachment with an address, with all other like empowered.

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