

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005257

1. Entity Name

LIVING BY FAITH MINISTRIES, INC.

**FILED**  
Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90083 012 \*\*\*\*\*61.25

Principal Place of Business

BROWNLEE RD  
STARKE FL 32091

Mailing Address

ROUTE 2 BOX 1251  
STARKE FL 32091  
US

2. Principal Place of Business

525 W. Brownlee Rd

3. Mailing Address

Suite, Apt. #, etc.  
Rt 2 Box 1251

City & State

Starke, FL

City & State

Starke, FL

Zip

32091

Country

Zip

32091

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, KEITH A  
ROUTE 2 BOX 1251  
STARKE FL 32091

7. Name and Address of New Registered Agent

Name: Hilliard, Cynthia H  
Street Address (P.O. Box Number is Not Acceptable)  
Route 2 Box 1251  
City: Starke 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

Cynthia H. Hilliard Cynthia H. Hilliard

2-23-01

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

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | P                   | <input checked="" type="checkbox"/> Delete |
| NAME           | HILLIARD, KEITH A   |  |
| STREET ADDRESS | RT 2 BOX 1251       |  |
| CITY-ST-ZIP    | STARKE FL 32091     |  |
| TITLE          | VPTD                | <input type="checkbox"/> Delete            |
| NAME           | HILLIARD, CYNTHIA H |  |
| STREET ADDRESS | RT. 2 BOX 1251      |  |
| CITY-ST-ZIP    | STARKE FL 32091     |  |
| TITLE          | C                   | <input checked="" type="checkbox"/> Delete |
| NAME           | HILLIARD, CHARLES   |  |
| STREET ADDRESS | RT. 2 BOX 1251      |  |
| CITY-ST-ZIP    | STARKE FL 32091     |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | MCKINNEY, JOHN      |  |
| STREET ADDRESS | RT 2 BOX 1251       |  |
| CITY-ST-ZIP    | STARKE FL 32091     |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> Delete |
| NAME           | GRIFFIS, SANDRA     |  |
| STREET ADDRESS | 1224 N THOMPSON ST  |  |
| CITY-ST-ZIP    | STARKE FL 32091     |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | HILLIARD, WANDA S   |  |
| STREET ADDRESS | RT 2 BOX 1251       |  |
| CITY-ST-ZIP    | STARKE FL 32091     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | P                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Minchew, Leon       |  |
| STREET ADDRESS | Route 2 Box 1595    |  |
| CITY-ST-ZIP    | Starke, FL 32091    |  |
| TITLE          | T.D                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Hilliard, Cynthia H |  |
| STREET ADDRESS | Route 2 BOX 1251    |  |
| CITY-ST-ZIP    | Starke, FL 32091    |  |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Hilliard, Manuel    |  |
| STREET ADDRESS | Route 2 Box 1251    |  |
| CITY-ST-ZIP    | Starke, FL 32091    |  |
| TITLE          | VPC                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | McKinney, John      |  |
| STREET ADDRESS | Route 2 Box 1251    |  |
| CITY-ST-ZIP    | Starke, FL 32091    |  |
| TITLE          | S.D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | McKinney, Kim       |  |
| STREET ADDRESS | Route 2 Box 1370    |  |
| CITY-ST-ZIP    | Starke, FL 32091    |  |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | McKinney, David     |  |
| STREET ADDRESS | Route 2 Box 1370    |  |
| CITY-ST-ZIP    | 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia H. Hilliard

2-23-01

904964-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

# N97 WWS251  
627039

Please ADD TO INCORPORATORS

McKinney, David  
Route 2 Box 1370  
Starke, FL 32091

McKinney, John  
Route 2 Box 1251  
Starke, FL 32091

Minchew, Leon  
Route 2 Box 1595  
Starke, FL 32091