

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

0081163

DOCUMENT # N97000005634

1. Entity Name

MARC AND DOLORES HILL MINISTRIES, INC.

04-20-2001 90022 049 ****61.25

Principal Place of Business

Mailing Address

4345 14TH WAY NE
 ST PETERSBURG FL 33703

4345 14TH WAY NE
 ST PETERSBURG FL 33703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3471245

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROWE, BETTYE L
4345 14TH WAY NE
ST PETERSBURG FL 33703

7. Name and Address of New Registered Agent

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: PD
 NAME: HILL, MARC A
 STREET ADDRESS: 4345 14TH WAY NE
 CITY-ST-ZIP: ST PETERSBURG FL 33703 Delete

TITLE: SD
 NAME: McCullum, Mary
 STREET ADDRESS: 4441 Fairfield Ave. South
 CITY-ST-ZIP: St. Petersburg, FL 33711 Change Addition

TITLE: VD
 NAME: MAYFIELD, WILLIAM O
 STREET ADDRESS: 111 LAUREL TREE WAY
 CITY-ST-ZIP: BRANDON FL 33511 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: SD
 NAME: BAKER, ROBIN L
 STREET ADDRESS: 4345 14TH WAY NE
 CITY-ST-ZIP: ST PETERSBURG FL 33703 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: TD
 NAME: ROWE, BETTYE L
 STREET ADDRESS: 4345 14TH WAY NE
 CITY-ST-ZIP: ST PETERSBURG FL 33703 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

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

4/16/01

Date

(727) 525 7146

Daytime Phone #

CR2E037 (10/00)