## ~2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N9700005704 Sep 12, 2000 8:00 am Secretary of State SANFORD MINISTER'S FELLOWSHIP, INC. 05-15-2000 90207 041 \*\*\*\*61.25 Mailing Address Principal Place of Business P.O. BOX 2482 1800 SANFORD AVE SANFORD FL 32772-2462 SANFORD FL 32771 2. Principal Place of Business 3. Malling Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State applied for Not Applicable \$8.75 Addressed Country Zio Country B. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Age 8. Name and Address of Current Registered Agent Name Street Address (PO Box Number is Not Acceptable) GREGORY, ROBERT K JR 1800 SANFORD AVE SANFORD FL 32771 To Corte City 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 (NOTE: Registered Agent signature required when reinstalling) 200 Signature, typed or printed name of registered agent and title if applicable Make Check Psyable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Added to Fees Trust Fund Contribution. FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Chance THE Delete TITLE MALIS THELMA, MIKE NAME STREET ADDRESS STREET ADDRESS 1704 W 9TH ST CITY - ST - 21P CITY-ST-ZIP SANFORD FL 32771 Oefete TITLE 2727 Country Club Rond KRALL, JEFFREY B NAME STREET ADDRESS STREET ADDRESS 1770 W AIRPORT BLVD CITY-ST-21P CITY-ST-ZIP SANFORD FL 32771 () Market <u>ስ</u> አ ፖ Delete me MALAS GREGORY, ROBERT K JR NAME STREET ADDRESS STREET ADDRESS 1800 SANFORD AVE CITY-\$1-2P CITY-ST-ZIP SANFORD FL 32771 Delete TITE S TITLE BENJAMIN, PAUL NAME STREET ADDRESS STREET ADDRESS 744 SUMMERLAND DR CITY-51-27 CITY-SI-ZIP WINTER SPRINGS FL 32708 ☐ Delete IINE TITLE NAME MICHAELS, STEVEN A NAME STREET ADDRESS STREET ADDRESS 238 MAUREEN DR CITY-ST-ZIP CITY - ST-ZIP SANFORD FL 32771 C) Northead C Description ☐ Delete ITTLE NAME WAISANEN, PHIL NAME STREET ADDRESS STREET ADDRESS 3250 LAREDO DR. CITY - 51 - 70 CITY ST-ZIP **DELTONA FL 32736**

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information supplied with t

SIGNATURE:

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4-28-00 YOT

407-702-1150

## AHachmentt JA9/1000005.104

## Application for Employer Identification Number (For use by employers and others. Please read the attached instructions

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