

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005704

1. Entity Name

SANFORD MINISTER'S FELLOWSHIP, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

05-15-2000 90207 041 ****61.25

Principal Place of Business
 1800 SANFORD AVE
 SANFORD FL 32771

Mailing Address
 P.O. BOX 2462
 SANFORD FL 32772-2462

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, ROBERT K JR
 1800 SANFORD AVE
 SANFORD FL 32771

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL No 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

TITLE	D	<input type="checkbox"/> Delete
NAME	THELMA, MIKE	
STREET ADDRESS	1704 W 9TH ST	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRALL, JEFFREY B	
STREET ADDRESS	1770 W AIRPORT BLVD	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	C	<input type="checkbox"/> Delete
NAME	GREGORY, ROBERT K JR	
STREET ADDRESS	1800 SANFORD AVE	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BENJAMIN, PAUL	
STREET ADDRESS	744 SUMMERLAND DR	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MICHAELS, STEVEN A	
STREET ADDRESS	238 MAUREEN DR	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAISANEN, PHIL	
STREET ADDRESS	3250 LAREDO DR.	
CITY - ST - ZIP	DELTONA FL 32738	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2727 Country Club Road	
CITY - ST - ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Robert K. Gregory
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-28-00 407-262-1180

Date

County Phone #

CPX0037 (8/99)

Attachment # JV91000005 104

108175

Form **SS-4**
(Rev. August 1989)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

EIN

OMB No 1545-0003
Expires 7-31-91

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)

Sanford Minister's Fellowship, Inc.

2 Trade name of business, if different from name in line 1

3 Executor/trustee, "care of name"

4a Mailing address (street address) (room, apt., or suite no.)

1800 Sanford Avenue

5a Address of business. (See instructions.)

4b City, state, and ZIP code

Sanford, FL 32771

5b City, state, and ZIP code

6 County and state where principal business is located

Seminole, Florida

7 Name of principal officer, grantor, or general partner. (See instructions.)

Robert K. Gregory, Jr.

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Individual SSN
- ☐ REMIC ☐ Personal service corp.
- ☐ State/local government ☐ National guard
- ☐ Other nonprofit organization (specify)
- ☐ Other (specify) ▶

- ☐ Estate
- ☐ Plan administrator SSN
- ☐ Other corporation (specify)
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☒ Church or church controlled organization
- If nonprofit organization enter GEN (if applicable)

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶

Foreign country

State

Florida

9 Reason for applying (Check only one box)

- ☐ Started new business
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶

- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶

☒ Other (specify) ▶ Formed new organization

10 Date business started or acquired (Mo., day, year) (See instructions.)

9-25-97

11 Enter closing month of accounting year. (See instructions.)

December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year).

N/A

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural Agricultural Household

☐ Yes ☒ No

14 Does the applicant operate more than one place of business?

If "Yes," enter name of business. ▶

15 Principal activity or service (See instructions.) ▶

Religious organization - charitable☐ Yes ☒ No

16 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Business (wholesale)☒ N/A

17 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail) ☐ Other (specify) ▶☐ Yes ☒ No

18a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 18b and 18c.

18b If you checked the "Yes" box in line 18a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶

Trade name ▶

18c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Telephone number (include area code)

Name and title (Please type or print clearly.) ▶

Robert K. Gregory, Jr. Treas.407-502-1180

Signature ▶

Robert K. Gregory, Jr.Date ▶ 9-7-00

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying