## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # N9700005877 1. Entity Name REJOICE MINISTRIES INC. INTERNATIONAL 05-01-2001 90004 022 \*\*\*\*61.25 Principal Place of Business Mailing Address POST OFFICE DOX 82779 2479 DEEN STILL ROAD 2479 Deen LAKELAND FL-33004-2779-POLK CITY FL 33868 ર!ાા હવ 3. Mailing Address 2. Principal Place of Business 2479 Deen Still Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-305 1925 Not Applicable Country U.S. M \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ----Street Address (P.O. Box Number is Not Acceptable) **BIGGERS, JOYCE** 2479 DEEN STILL ROAD POLK CITY FL 33868 Zip Code City FŁ 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE TITLE PD Deen still Rd NAME NAME **BIGGERS, JOYCE** STREET ADDRESS EL 33868 STREET ADDRESS P.O. BOX 92779 N/A POIK City CITY-ST-ZIP CITY-ST-ZIP <u>LAKELAND FL 33804-2779</u> ☐ Addition **Change** Delete TITLE TITLE ۷D NAME BIGGERS, JAMES R NAME STREET ADDRESS STREET ADDRESS P.O. BOX 92779 N/A CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33804-2779 ☐ Addition Change TITLE ☐ Delete STD TITLE NAME WILDER, SYNTHIA NAME STREET ADDRESS STREET ADDRESS 553 TAVARES ROAD CITY-ST-ZIP CITY-ST-ZIP POLK CITY FL 33868-2779 ■ Addition Change ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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 amount of the provided in the control of the corporation of th

CITY-ST-ZIP

SIGNATURE:

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