

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006797

1. Entity Name

HEALTH HOUSE MINISTRIES, INC. *P*

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90016 003 ****61.25

Principal Place of Business

3324 W. UNIVERSITY AVENUE
 SUITE 370
 GAINESVILLE FL 32607

Mailing Address

3324 W UNIVERSITY AVE
 PMB #370
 GAINESVILLE FL 32607
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3478748

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

7. Name and Address of New Registered Agent

HONEYCUTT, MARTIN
 1901 SW 91 STREET
 GAINESVILLE FL 32607

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
After September 13, 2000 min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	HONEYCUTT, GISELLE	
STREET ADDRESS	1901 S.W. 91 STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HONEYCUTT, MARTIN	
STREET ADDRESS	1901 S.W. 91 STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KEMP, SHARON	
STREET ADDRESS	8224 S.W. 135 COURT	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMP, STEVE	
STREET ADDRESS	8224 S.W. 135 COURT	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input 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		<input 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: *Martin Honeycutt* 8-11-00 352-331-1454
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)