

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006898

1. Entity Name

THE ETERNAL GUIDING LIGHT FAITH MINISTRIES, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90038 026 ****61.25

Principal Place of Business

Mailing Address

2420 NW 6 ST
 POMPANO BEACH FL 33069
 US

P.O. BOX 784
 POMPANO BEACH FL 33061-0784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0798165

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLEOD, GARY B
 2420 NW 6 ST
 POMPANO BEACH FL 33069

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 ☐ Delete
 NAME D
 STREET ADDRESS DERICO, CHARLES ELDER
 CITY-ST-ZIP 2551 NW 5TH ST.
 POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HUNTER, WALTER
 CITY-ST-ZIP 1250 NW 27 AVE.
 POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MCCLEOD, JOHN
 CITY-ST-ZIP 1801 NW 2ND TER.
 POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS JACKSON, JOYCE
 CITY-ST-ZIP 360 NW 14 STREET
 POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS TALTON, JOHNNY L
 CITY-ST-ZIP 2651 NW 2 STREET
 POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

GARY B. McCleod
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00

954-977-7490

Date

Daytime Phone #

CR2E037 (9/99)