

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000000019****1. Entity Name**
FAMILIES & FENCES MINISTRIES, INC.**Principal Place of Business**
4150 CANOE CREEK ROAD
SAINT CLOUD FL 34772
Mailing Address
P.O. BOX 702178
SAINT CLOUD FL 347702178**2. Principal Place of Business**
PO BOX 702178
3. Mailing Address
Suite, Apt. #, etc.**City & State**
SAINT CLOUD FL
City & State
SAINT CLOUD FL
Zip
34770
Country**4. FEI Number**
59-3493372
Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TROTTER MARY ROBIN
4150 CANOE CREEK ROAD
SAINT CLOUD FL 34772
7. Name and Address of New Registered Agent
Name
TROTTER MARY ROBIN
Street Address (P.O. Box Number is Not Acceptable)
PO BOX 702178
City
SAINT CLOUD FL Zip Code
34770**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** MARY ROBIN TROTTER **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TROTTER MARY ROBIN R			NAME	TROTTER MARY ROBIN R		
STREET ADDRESS	4150 CANOE CREEK ROAD			STREET ADDRESS	PO BOX 702178		
CITY-ST-ZIP	SAINT CLOUD FL 34772			CITY-ST-ZIP	SAINT CLOUD FL 34770		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TROTTER MARY ROBIN R			NAME	TROTTER MARY ROBIN R		
STREET ADDRESS	4150 CANOE CREEK ROAD			STREET ADDRESS	PO BOX 702178		
CITY-ST-ZIP	SAINT CLOUD FL 34772			CITY-ST-ZIP	SAINT CLOUD FL 34770		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TROTTER CHARLEY R			NAME	TROTTER CHARLEY R		
STREET ADDRESS	4150 CANOE CREEK ROAD			STREET ADDRESS	PO BOX 702178		
CITY-ST-ZIP	SAINT CLOUD FL 34772			CITY-ST-ZIP	SAINT CLOUD FL 34770		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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:** Mary Robin Trotter **T** **05/01/2001**

CR2E037 (11/00)