

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000139

1. Entity Name

JOHN KRAUSE MINISTRIES, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90195 025 ****61.25

Principal Place of Business

1113 BLOODWORTH LANE
PENSACOLA FL 32504

Mailing Address

1113 BLOODWORTH LANE
PENSACOLA FL 32504-6406

2. Principal Place of Business

3. Mailing Address

P.O. Box 11678

Suite, Apt. #, etc.

City & State
PENSACOLA Florida

Zip
32524-1678

Country
USA

4. FEI Number
59-3493695

Applied For
Not Applicable

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

KRAUSE, JOHN
1113 BLOODWORTH LANE
PENSACOLA FL 32504

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

Rev. John Krause

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-18-2000

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	D	<input type="checkbox"/> Delete
NAME	IRIZARRY, ALEX	
STREET ADDRESS	2260 LAVISTA ST	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIGUES, ALDA MRS	
STREET ADDRESS	1100 FT PICKENS RD., #A-23	
CITY-ST-ZIP	PENSACOLA FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIGUESS, ALVIN M.D.	
STREET ADDRESS	1100 FT PICKENS RD., #A-23	
CITY-ST-ZIP	PENSACOLA FL 32561	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	912 N TRAVIS ST	
STREET ADDRESS	LIBERTY, TX 77575	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	912 N. TRAVIS ST	
STREET ADDRESS	LIBERTY, TX 77575	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2000 850-477-3816

Date

Daytime Phone #

CR2E037 (9/99)