

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000696

1. Entity Name

MINISTRY OF THE BELLS INC. ✓

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90174 019 ****61.25

Principal Place of Business

305 N. MANGOUSTINE AVE.
SANFORD FL 32771

Mailing Address

P.O. BOX 4085
SANFORD FL 32772

2. Principal Place of Business

107 W 27th Street
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 4085
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SANFORD, FL

City & State

SANFORD, FL

4. FEI Number

59-3500972

Applied For

Not Applicable

Zip

32773

Country

USA

Zip

32773

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, JOAN B
305 N. MANGOUSTINE AVE.
SANFORD FL 32771

7. Name and Address of New Registered Agent

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

07.05.00

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

TITLE ☐ Delete

NAME KING, JOAN B
STREET ADDRESS 305 N MANGOUSTINE AVE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☒ Delete

NAME BARNES, MARY
STREET ADDRESS COLLEGE ARMS TOWER 1203
CITY-ST-ZIP DELAND FL

TITLE ☒ Delete

NAME MYERS, PENELOPE
STREET ADDRESS 2618 LAURELL AVE
CITY-ST-ZIP SANFORD FL 32773

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition

NAME 2839 GALE PL.
STREET ADDRESS ADD. CHANGE
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☒ Change ☒ Addition

NAME DAT TYRELL
STREET ADDRESS AIRPORT BLVD
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☒ Change ☒ Addition

NAME JEAN METTS
STREET ADDRESS 3RD STREET
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07.05.00 407.328.1671

CR2E037 (5/00)