

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90195 017 ****61.25

DOCUMENT # N98000000696

1. Entity Name

MINISTRY OF THE BELLS INC.

Principal Place of Business

107 W 27TH STREET
 SANFORD FL 32773

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.

City & State

SANFORD, FL.

City & State

SANFORD, FL.

4. FEI Number

59-3500972

Applied For

Not Applicable

Zip

Country

32773

USA

Zip

Country

32773

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

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KING, JOAN B
 CITY-ST-ZIP 2839 GALE PLACE
 SANFORD FL 32773

TITLE ☐ Delete
 NAME D
 STREET ADDRESS TYRELL, PAT
 CITY-ST-ZIP AIRPORT BLVD
 SANFORD FL 32771

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS METTS, JEAN
 CITY-ST-ZIP 3RD STREET
 SANFORD FL 32771

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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-01 407-328-1671

Date Daytime Phone #

CR2E037 (10/00)