

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000900

1. Entity Name

LIGHT FROM THE BIBLE MINISTRIES, INC.

Principal Place of Business

1410 17TH STREET, S.W.
NAPLES FL 34117

Mailing Address

1410 17TH STREET, S.W.
NAPLES FL 34117-4428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3492957

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

SIMS, ARTHUR
1410 17TH STREET, S.W.
NAPLES FL 34117

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 PD
NAME SIMS, ARTHUR
STREET ADDRESS 1410 17TH STREET, S.W.
CITY-ST-ZIP NAPLES FL 34117 ☐ Delete

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

TITLE TD
NAME SIMS, BETTY JOE
STREET ADDRESS 1410 17TH STREET, S.W.
CITY-ST-ZIP NAPLES FL 34117 ☐ Delete

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

TITLE SD
NAME CHILDS, SHARON
STREET ADDRESS 4481 PARROT AVE
CITY-ST-ZIP NAPLES FL 31104 ☐ Delete

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

TITLE D
NAME FORBES, LAMAR
STREET ADDRESS 2350 PRESTON AVENUE
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

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

TITLE D
NAME GIBSON, DEBRA
STREET ADDRESS 12833 STILLWOOD DRIVE
CITY-ST-ZIP SAVANNAH GA 32419 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Arthur Sims ARTHUR SIMS, PRESIDENT

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90036 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

(91)352-4477