2000 UNIFORM BUSINESS REPORT (UBR)

5/4/00-90124-026-$70.00-$70.00

DOCUMENT # N98000000920

1. Entity Name

Lord of Hosts Ministries, Inc.

FILED
00 JUN -9 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
652246

Principal Place of Business	Mailing Address
1208 North 22nd ST Ft. Pierce 34950	P.O. Box 3248 Ft. Pierce, FL 34948

2. Principal Place of Business	3. Mailing Address
1208 North 22nd ST	P.O. Box 3248
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce, FL	City & State: Ft Pierce FL
Zip: 34950 Country: America	Zip: 34948 Country: America

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0818113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Mary A. Jackson
1208 N. 22nd ST
Ft. Pierce, FL. 34948

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 Mary A. Jackson, MARY A. JACKSON 4/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Frederic L. Jackson - D 1208 N. 22nd ST Ft. Pierce, FL. 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Essie M. Sessions - D 1304 N. 22nd ST. Ft. Pierce, FL. 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec'y/Treasury Mary A. Jackson - D 1208 N. 22nd ST Ft. Pierce. FL. 34950	☐ 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
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CR2E037 (9/99)

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: Frederic L. Jackson - Frederic L. Jackson 4/17/2000 (561)468-0509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #