

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90031 007 ****61.25

DOCUMENT # N98000001795

1. Entity Name

ACTS 29 MINISTRY, INC.

Principal Place of Business

**21429 FRONT BCH RD.
 PANAMA CITY BCH FL 32413**

Mailing Address

**21429 FRONT BCH RD.
 PANAMA CITY BCH FL 32413-3418**

916744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1634643

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**McFARLAND, DAVID G
 21429 FRONT BCH RD.
 PANAMA CITY BCH FL 32413**

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** ☐ Delete
 NAME **McFARLAND, DAVID**
 STREET ADDRESS **21429 FRONT BEACH RD**
 CITY-ST-ZIP **PANAMA CITY FL 32413**

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

TITLE **TD** ☐ Delete
 NAME **McFARLAND, CYNTHIA**
 STREET ADDRESS **21429 FRONT BEACH RD**
 CITY-ST-ZIP **PANAMA CITY FL 32413**

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

TITLE **VD** ☐ Delete
 NAME **PARTIN, TERRY**
 STREET ADDRESS **103 RIVER OAKS**
 CITY-ST-ZIP **WEST POINT MS 39773**

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

TITLE **AVD** ☒ Delete
 NAME **PARTIN, SUE**
 STREET ADDRESS **103 RIVER OAKS**
 CITY-ST-ZIP **WEST POINT MS 39773**

TITLE ☒ Change ☐ Addition
 NAME **Bob Bellman**
 STREET ADDRESS **Rt 1 Box 223**
 CITY-ST-ZIP **Blountstown, FL 32424**

TITLE **SD** ☐ Delete
 NAME **HOLLINGSWORTH, SALLY**
 STREET ADDRESS **535 MAHAFFEY DR**
 CITY-ST-ZIP **RICHMOND KY 40475**

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

TITLE **DE** ☒ Delete
 NAME **HOLLINGSWORTH, JACK**
 STREET ADDRESS **535 MAHAFFEY DR**
 CITY-ST-ZIP **RICHMOND KY 40475**

TITLE ☒ Change ☐ Addition
 NAME **Klaus Adler**
 STREET ADDRESS **501 Tenth St. Apt 206**
 CITY-ST-ZIP **Grand Rapids, MN 55744**

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: *Cynthia A. McFarland* **2/18/00 850-234-7477**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #