Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # N98000002065 FILED 1. Entity Name THE INTERNATIONAL-INTERNAL-DENOMINATIONAL MINIST 00 HAY -5 PM 3: 25 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE. FLORIDA 1765 28TH ST., SO. 1765 28TH ST., SO. ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712-2523 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3490053 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BAILEY, ARTHUR L SR. 1765 28TH ST., SO. ST. PETERSBURG FL 33712 Zip Code City 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 Fierda 0453——2 -05/05/00--01032--006 ****148.75 *****70.00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition PD TITLE ☐ Change TITLE ☐ Delete BAILEY, ARTHUR L SR NAME NAME STREET ADDRESS 1765 28TH ST., SO. STREET ADDRESS ST. PETERSBURG FL 33712 CITY-ST-ZIP *337(*a CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BAILEY, VIVIAN C NAME STREET ADDRESS 1765 28TH ST., SO. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33712 CITY-ST-ZIP Change D Delete TITLE TITLE THOMAS, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 4025 46TH ST SOUTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33714 Addition Change Delete D٠、 TITLE TITLE WALKER, E P NAME NAME S STREET ADDRESS da Chr.w. STREET ADDRESS 6419 DIAMOND ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33619 QAddition Change TITLE □ Delete TITLE MAME NAME STREET ADORESS lue Bayon DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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), Florids Safutes. 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