

2000 UNIFORM BUSINESS REPORT (UBR)

4/23/2000 11:11 AM

DOCUMENT # N98000002768

1. Entity Name

PEACE RIVER MINISTRIES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

02-23-2000 90014 037 ****61.25

Principal Place of Business

Mailing Address

3535 BEE RIDGE ROAD
SARASOTA FL 34239

3535 BEE RIDGE ROAD
SARASOTA FL 34239-7252

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

65-0848789

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

SCHOFIELD, P. ALLEN
1429 60TH AVE. WEST, STE. 300
BRADENTON FL 34207

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	D	<input type="checkbox"/> Delete
NAME	BISSETTE, LEE	
STREET ADDRESS	3535 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	PARDUE, PETE	
STREET ADDRESS	2780 50TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BOOT, DON	
STREET ADDRESS	3700 68TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Cramer	
STREET ADDRESS	3100 Hawthorne St Lot 119	
CITY-ST-ZIP	Sarasota Florida 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E037 (9/99)

Pat Cramer 3/8/2000 927-2162