

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90018 043 \*\*\*\*61.25

**DOCUMENT # N98000004230**

1. Entity Name

**KINGDOM BUILDERS OUTREACH MINISTRY, INC.**

Principal Place of Business

Mailing Address

P O BOX 952  
 13TH ST  
 CARRABELLE FL 32322

P O BOX 952  
 13TH ST  
 CARRABELLE FL 32322

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

**59-3523804**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLENDER, CYNTHIA G**  
**P O BOX 952**  
**13TH ST**  
**CARRABELLE FL 32322**

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:  Delete  
 NAME: **CD MILLENDER, GARRY**  
 STREET ADDRESS: **P O BOX 952, 13TH ST**  
 CITY-ST-ZIP: **CARRABELLE FL 32322**

TITLE:  Change  Addition  
 NAME: **Garry Millender**  
 STREET ADDRESS: **P.O. Box 952 Carrabelle FL 32322**  
 CITY-ST-ZIP: **FL 32322**

TITLE:  Delete  
 NAME: **STD MILLENDER, CYNTHIA (GINA)**  
 STREET ADDRESS: **P O BOX 952, 13TH ST**  
 CITY-ST-ZIP: **CARRABELLE FL 32322**

TITLE:  Change  Addition  
 NAME: **Cynthia Millender**  
 STREET ADDRESS: **P.O. Box 952 - 13th St. Carrabelle Fl. 32322**  
 CITY-ST-ZIP: **32322**

TITLE:  Delete  
 NAME: **D MILLENDER, COURTNEY**  
 STREET ADDRESS: **P O BOX 952, 13TH ST**  
 CITY-ST-ZIP: **CARRABELLE FL 32322**

TITLE:  Change  Addition  
 NAME: **Courtney Millender**  
 STREET ADDRESS: **PO Box 952 Carrabelle Fl.**  
 CITY-ST-ZIP: **32322**

TITLE:  Delete  
 NAME: **D**  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 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), 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 G. Millender** 3-21-01 850-697-3114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

15170