

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90033 008 \*\*\*\*\*70.00

**DOCUMENT # N98000004466**

1. Entity Name

**BELTON MINISTRIES, INC.**

Principal Place of Business

5406 WAUCHULA CT.  
 ORLANDO FL 32839

Mailing Address

5406 WAUCHULA CT.  
 ORLANDO FL 32839

2. Principal Place of Business

536 Westmoreland Drive

3. Mailing Address

P.O. Box 67256

Suite, Apt. #, etc.

Suite #3

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32805

Country

Orange

Zip

32861

Country

Orange

4. FEI Number

59-3528504

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KIPI, JEFFERY T ESQ  
 253 PLAZA DRIVE SUITE B  
 OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

TRACY Highsmith

Street Address (P.O. Box Number is Not Acceptable)

4422 Marshall St.

City

Orlando

FL

Zip Code

32811

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

*Tracy E. Highsmith*

3-22-01

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	BELTON, DENISE	
STREET ADDRESS	5406 WAUCHULA CT.	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELTON, JOSEPH	
STREET ADDRESS	5406 WAUCHULA CT.	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, TRACY E	
STREET ADDRESS	4422 MARSHALL STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, REGINA	
STREET ADDRESS	4600 CASON COVE #409	
CITY-ST-ZIP	ORLANDO FL 32811	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY Highsmith	
STREET ADDRESS	4422 Marshall St.	
CITY-ST-ZIP	Orlando FL 32811	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELMO BRYANT	
STREET ADDRESS	4948 CASON COVE DRIVE #208	
CITY-ST-ZIP	Orl FL 32811	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-01 (407) 481-2202

CR2E037 (10/00)