

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004891

1. Entity Name

THE LORD'S SUPPER MINISTRIES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90073 038 ****61.25

Principal Place of Business

Mailing Address

305 JACKSON AVENUE
SATELLITE BEACH FL 32937

305 JACKSON AVENUE
SATELLITE BEACH FL 32937-2927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3530186

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

Name

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

City

FL

Zip Code

RONCA, BENJAMIN
305 JACKSON AVENUE
SATELLITE BEACH FL 32937

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RONCA, BENJAMIN
305 JACKSON AVENUE
SATELLITE BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CREAMER, GARY
1422 KASLO CIRCLE
PALM BAY FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICHOLAS, KIM
525 ISLAND COURT
INDIAN HARBOUR BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACOBS, KATHY
#2 WEDEL AVENUE
MT. LAUREL NJ 08054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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CITY-ST-ZIP
☐ Change ☐ Add

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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:

Benjamin Ronca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00 321-773-1703

Date

Daytime Phone #