

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005035

1. Entity Name

DEE ANDREWS MINISTRIES, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90015 001 \*\*\*\*61.25

Principal Place of Business

4150 STOWE RUN LANE  
JACKSONVILLE FL 32225

Mailing Address

4150 STOWE RUN LANE  
JACKSONVILLE FL 32225-1622

2. Principal Place of Business

3. Mailing Address

P.O. Box 350807

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32235-0807

USA

4. FEI Number

59-3529944

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

STRAUGHN, KIM B  
4146 STOWE RUN LANE  
JACKSONVILLE FL 32225

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 PT ☐ Delete  
NAME ANDREWS, DEE  
STREET ADDRESS 4150 STOWE RUN LANE  
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE VTDC ☐ Delete  
NAME STRAUGHN, KIM B  
STREET ADDRESS 4450 STOWE RUN LANE  
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE T ☐ Delete  
NAME AMMON, KAHRYN  
STREET ADDRESS 6906 ATTEL DR.  
CITY-ST-ZIP JACKSONVILLE FL 32277

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

TITLE T ☐ Delete  
NAME KENNEDY, GLORIA  
STREET ADDRESS 2820 UNIVERSITY BLVD. W. #101  
CITY-ST-ZIP JACKSONVILLE FL 32217

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

TITLE T ☐ Delete  
NAME HOUSTON, LISA  
STREET ADDRESS 11555 BIRCH CIRCLE W.  
CITY-ST-ZIP JACKSONVILLE FL 32218

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:

*Dee Andrews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)