

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90022 034 ****61.25

DOCUMENT # N98000005300

1. Entity Name

FLORIDA/ALASKA EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

Mailing Address

**408 SOUTH OAKRIDGE AVENUE
 GREEN COVE SPRINGS FL 32043
 US**

**408 SOUTH OAKRIDGE AVENUE
 GREEN COVE SPRINGS FL 32043-3606
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3546998**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

~~MILLS, FERRELL B~~
**408 SOUTH OAKRIDGE AVENUE
 GREEN COVE SPRINGS FL 32043**

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

Ferrell B. Mills

2-2-00

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 **PD MILLS, FERRELL B**
 STREET ADDRESS **408 SOUTH OAKRIDGE AVENUE**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE Change Addition
 NAME **D Michelle Rhyne**
 STREET ADDRESS **2811 IRIS DR**
 CITY-ST-ZIP **ANCHORAGE, AK 99517**

TITLE Delete
 NAME ~~MILLS, A. LEE~~
 STREET ADDRESS **408 SOUTH OAKRIDGE AVENUE**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HUDSON, LINDA**
 STREET ADDRESS **217 FRANCIS STREET**
 CITY-ST-ZIP **SARALAND AL 36571**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KEATING, DEBRA**
 STREET ADDRESS **17816 WEST COUNTRY CLUB DRIVE**
 CITY-ST-ZIP **ARLINGTON WA 98223**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GILLIAM, JULIAN**
 STREET ADDRESS **167 ALDERSGATE**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WILLIAMS, CYNTHIA**
 STREET ADDRESS **POST OFFICE BOX 368 N/A**
 CITY-ST-ZIP **CHATOM AL 36518**

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: *SIGNATURE FERRELL MILLS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #