

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005300

1. Entity Name

FLORIDA/ALASKA EVANGELISTIC MINISTRIES, INC.

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

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

Principal Place of Business

408 SOUTH OAKRIDGE AVENUE
GREEN COVE SPRINGS FL 32043
US

Mailing Address

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-2-00

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

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Michelle Rhyne
CITY-ST-ZIP 2811 Iris Dr
ANCHORAGE, AK 99517

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, CYNTHIA
CITY-ST-ZIP POST OFFICE BOX 368 N/A
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 of Ferrell B. Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #