

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90081 050 \*\*\*\*61.25

**DOCUMENT # N98000005300**

1. Entity Name

**FLORIDA/ALASKA EVANGELISTIC MINISTRIES, INC.**

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  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3546998**

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

**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**

**4-26-01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME 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 **6284 Payne Rd**  
 CITY-ST-ZIP **Keystone Heights, FL 32656**

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

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

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

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

TITLE D ☐ Delete  
 NAME 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: **FERRELL B. MILLS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-01 904-284-8158**

Date Daytime Phone #

CR2E037 (10/00)