

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005541

1. Entity Name

LABOURERS FOR CHRIST MINISTRIES, INC.



Principal Place of Business

5012 EVERGREEN AVE.
FT. PIERCE FL 34947

Mailing Address

5012 EVERGREEN AVE.
FT. PIERCE FL 34947

2. Principal Place of Business

663 5th Place SW

Suite, Apt. #, etc.

3. Mailing Address

663 5th Place SW

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

Zip

32962

Country

USA

Zip

32962

Country

USA

4. FEI Number

65-0903537

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, SAM L
5012 EVERGREEN AVE.
FT. PIERCE FL 34947

7. Name and Address of New Registered Agent

Name

Sam L. Jenkins

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

663 5th Place SW

City

Vero Beach

FL

Zip Code

32962

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
After September 13, 2000 min. will be \$236.25

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 PPD ☐ Delete
NAME JENKINS, SAM
STREET ADDRESS 5012 EVERGREEN AVE
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE CPSD ☐ Delete
NAME JENKINS, TELESIA
STREET ADDRESS 5012 EVERGREEN AVE
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE BMED ☐ Delete
NAME JACKSON, ANNE
STREET ADDRESS 5012 EVERGREEN AVE
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: Sam L. Jenkins REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90062 013 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)