## **2001 UNIFORM BUSINESS REPORT (UBR)**

CITY-ST-ZIP

## Sep 05, 2001 8:00 am Secretary of State DOCUMENT # N9800005541 1. Entity Name 09-05-2001 90012 026 \*\*\*\*70.00 LABOURERS FOR CHRIST MINISTRIES, INC. Principal Place of Business Mailing Address 663 5TH PLACE SW 663 5TH PLACE SW VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0903537 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) JENKINS, SAM L 663 5TH PLACE SW VERO BEACH-FL 32962 City 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change (5/01) ☐ Addition Jenkins, Sam 6635# Place SW JENKINS, SAM NAME NAME STREET ADDRESS **5012 EVERGREEN AVE** STREET ADDRESS CR2E037 Vero Beach, FL 32962 CITY-ST-ZIP FORT PIERCE FL 34947 CITY-ST-ZIP Jenkins, Telesia 66354 Place SW Vero Beach, FL 32962 TITLE **CPSD** ☐ Delete TITLE JENKINS, TELESIA NAME NAME STREET ADDRESS **5012 EVERGREEN AVE** STREET ADDRESS CITY-ST-7IP FORT PIERCE FL 34947 CITY-ST-ZIP **BMED** Delete TITLE Brunson, Elise 6635# Place SW Addition ☐ Change JACKSON, ANNE NAME NAME STREET ADDRESS **5012 EVERGREEN AVE** STREET ADDRESS Vero Beach, FC 32962 CITY-ST-ZIP FORT PIERCE FL 34947 CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

0/20/01

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**FILED**