

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90114 019 ****61.25

DOCUMENT # N98000005854

1. Entity Name

AMY GRUEN MINISTRIES, INC.

Principal Place of Business

1771 LONG SLOUGH WALK
 ORANGE PARK FL 32073
 US

Mailing Address

1771 LONG SLOUGH WALK
 ORANGE PARK FL 32073
 US

00043469



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1123 B Kingsley AVE

3. Mailing Address

P.O. Box 863 Kingsley AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32067

Country

Clay

Zip

32067-0863

Country

Clay

4. FEI Number

59-3551355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRUEN, AMY J
 1771 LONG SLOUGH WALK
 ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GRUEN, AMY
 CITY-ST-ZIP 1771 LONG SLOUGH WALK
 ORANGE PARK FL 32073

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BIELIK, PATTI
 CITY-ST-ZIP 575 ROCKINGHAM RD.
 ORANGE PARK FL 32073

TITLE ☐ Delete
 NAME D
 STREET ADDRESS STARNES, KATIE
 CITY-ST-ZIP 803 KETTERING WAY
 ORANGE PARK FL 32073

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
 NAME
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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:

SAM GRUEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

Daytime Phone #

CR2E037 (10/00)