

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005937

1. Entity Name

SERVING THE LORD OF GLORY CHRISTIAN MINISTRIES,

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90240 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11220 NW 122ND TERR.  
ALACHUA FL 32615

11220 NW 122ND TERR.  
ALACHUA FL 32615-6552

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 2408

Suite, Apt. #, etc.

City & State

Alachua, FL

Zip

32615-2408

Country

4. FEI Number

59-3539484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEARD, RAYMOND E  
11220 NW 122ND TERR.  
ALACHUA FL 32615

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	PTD	<input type="checkbox"/> Delete
NAME	BEARD, RAYMOND E	
STREET ADDRESS	11220 NW 122ND TERR.	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BEARD, JOELLA	
STREET ADDRESS	11220 NW 122ND TERR.	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEWSOME, MITCHELL R	
STREET ADDRESS	708 NW 10TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond E. Beard, President 01-09-2000 (204) 462-1664

CF12E037 (9/99)