

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006155

1. Entity Name

AT THE WELL MINISTRIES, INC.

Principal Place of Business

5 SWAN AVE
NEW SMYRNA BEACH FL 32168

Mailing Address

5 SWAN AVE
NEW SMYRNA BEACH FL 32168-6017

2. Principal Place of Business

1135 North Dixie Freeway
Suite, Apt. #, etc.

3. Mailing Address

446 Quay Assisi
Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

4. FEI Number

59-3542452

Applied For

Not Applicable

Zip

32168

Country

USA

Zip

32169

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CYR, LINDA M
5 SWAN AVE
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name Linda M. Cyr

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

446 Quay Assisi

City New Smyrna Beach FL

Zip Code 32169

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 Pastor Linda Cyr
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/00

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 D ☐ Delete
NAME CYR, LINDA M
STREET ADDRESS 5 SWAN AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE D ☐ Delete
NAME CYR, DANIEL
STREET ADDRESS 5 SWAN AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE D ☒ Delete
NAME BARKER, MARCUS E
STREET ADDRESS PO BOX 297 N/A
CITY-ST-ZIP ROAD TOWN, TORTOLA, BVI

TITLE D ☐ Delete
NAME CHANG, MARGARET M M.D.
STREET ADDRESS 1984 STATE RD 44
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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 Pastor, D ☒ Change ☐ Addition
NAME Cyr, Linda M
STREET ADDRESS 446 Quay Assisi
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE Pastor, D ☒ Change ☐ Addition
NAME Cyr, Daniel
STREET ADDRESS 446 Quay Assisi
CITY-ST-ZIP New Smyrna Beach, FL 32169

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

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

TITLE D ☐ Change ☒ Addition
NAME Mary Elizabeth Clouse
STREET ADDRESS 469 Amethyst Way
CITY-ST-ZIP Lake Mary, FL 32746

TITLE D ☐ Change ☒ Addition
NAME Carl Ann Gonterman
STREET ADDRESS 4740 S. Harvard, Apt. 46
CITY-ST-ZIP Tulsa, OK 74135

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/00

CR2E037 (9/99)