

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006200

1. Entity Name

ZERUBBABEL MINISTRIES INTERNATIONAL, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90028 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

802 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901

802 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901-5416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3483079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAIRBANKS, CONNIE  
802 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FAIRBANKS, JIM  
CITY-ST-ZIP 2302 PT MALABAR BLVD  
PALM BAY FL 32905

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS JAMES GORNALL  
CITY-ST-ZIP 12337 Culbertson Dr  
Edinboro, PA 16412

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COOK, DICK  
CITY-ST-ZIP 1905 WESTWOOD BLVD  
WEST MELBOURNE FL 32904

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Georgeann Gornall  
CITY-ST-ZIP 12337 Culbertson Dr  
Edinboro, PA 16412

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GORTON, VAUGHN  
CITY-ST-ZIP 227 EMERALD DR N  
INDIAN HARBOUR BCH FL 32937

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *VAUGHN R. GORTON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 15, 2000 (809) 587-1091*  
Date Daytime Phone #

CR2E037 (9/99)