

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91308 020 \*\*\*\*70.00

**DOCUMENT # N98000006200**

1. Entity Name

**ZERUBBABEL MINISTRIES INTERNATIONAL, INC.**

Principal Place of Business

**802 EAST NEW HAVEN AVENUE  
 MELBOURNE FL 32901**

Mailing Address

**802 EAST NEW HAVEN AVENUE  
 MELBOURNE FL 32901**

**058031**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1550 Orange Blossom Trl  
 Palm Bay FL**

**1550 Orange Blossom Trl NE  
 Palm Bay FL**

4. FEI Number

**59-3483079**

Applied For

Not Applicable

5. Certificate of Status Desired

**X**

**\$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

**Connie Fairbanks**

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

**2302 Port Malabar Dr**

City

**Palm Bay**

**FL**

**32905**

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

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

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

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

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

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

TITLE **D** ☐ Delete  
 NAME **GORNALL, JAMES**  
 STREET ADDRESS **12337 CULBEMTSON DR**  
 CITY-ST-ZIP **EDINBORO PA 16412**

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

TITLE **D** ☐ Delete  
 NAME **GORNALL, GEORGEANN**  
 STREET ADDRESS **12337 CULBEMTSON DR**  
 CITY-ST-ZIP **EDINBORO PA 16412**

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:

**SIGNATURE REQUIRED**

**VAUGHN GORTON, Dir**

**1 MAY 01**

**(809) 325-3765**

CR2E037 (10/00)