

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90009 011 ****70.00

DOCUMENT # N98000006200

1. Entity Name

ZERUBBABEL MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

**1550 ORANGE BLOSSOM TRAIL
PALM BAY FL 32905-3632**

Mailing Address

**1550 ORANGE BLOSSOM TRAIL
PALM BAY FL 32905-3632**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FAIRBANKS, CONNIE
2302 PORT MABBAR BR
PALM BAY FL 32905**

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 \$61.259. 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 **FAIRBANKS, JIM**
CITY-ST-ZIP **2302 PT MALABAR BLVD
PALM BAY FL 32905**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COOK, DICK**
CITY-ST-ZIP **1905 WESTWOOD BLVD
WEST MELBOURNE FL 32904**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GORTON, VAUGHN**
CITY-ST-ZIP **227 EMERALD DR N
INDIAN HARBOUR BCH FL 32937**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GORNALL, JAMES**
CITY-ST-ZIP **12337 CULBERTSON DR
EDINBORO PA 16412**TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GORNALL, GEORGEANN**
CITY-ST-ZIP **12337 CULBERTSON DR
EDINBORO PA 16412**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **MARY ELLEN GORTON,**
CITY-ST-ZIP **227 EMERALD DR N.
INDIAN HARBOUR BCH, FL 32937**TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **COOK, DICK**
CITY-ST-ZIP **112 PENNOCK TRACE
JUPITER, FL 33458**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY ELLEN GORTON

Date

Daytime Phone #

02/01/02 (321) 773-0649

CR2E037 (9/01)