

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006217

1. Entity Name

THE AWAKENING MINISTRY OF JESUS CHRIST INCORPORA

Principal Place of Business

P.O. BOX 1384
WOODVILLE FL 32362

Mailing Address

P.O. BOX 1384
WOODVILLE FL 32362

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

59-3358044

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

HAYES, SAMUEL L
9980 CHARLIE ASH LN.
WOODVILLE FL 32362

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	D	<input type="checkbox"/> Delete
NAME	ROLLINS, ANDREW	
STREET ADDRESS	P.O. BOX 1384	
CITY-ST-ZIP	WOODVILLE FL 32362	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLIAMS, DONNA	
STREET ADDRESS	P.O. BOX 1384	
CITY-ST-ZIP	WOODVILLE FL 32362	
TITLE	B T	<input type="checkbox"/> Delete
NAME	HAYES, HELEN	
STREET ADDRESS	P.O. BOX 1384	
CITY-ST-ZIP	WOODVILLE FL 32362	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAYES, CHARLYNN	
STREET ADDRESS	P.O. BOX 1384	
CITY-ST-ZIP	WOODVILLE FL 32362	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1630 Balkin Rd Lot 167	
STREET ADDRESS	Tallahassee FL 32310	
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M/BA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosa M Williams	
STREET ADDRESS	1630 Balkin Rd Lot 166	
CITY-ST-ZIP	Tallahassee, FL 32310	
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: *Donna Williams* DONNA WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/00

Date

850-656-6246

Daytime Phone #

CP2E037 (9/99)