

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006524

1. Entity Name

CHANGED BY CHOICE MINISTRIES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90973 014 ****61.25

Principal Place of Business

Mailing Address

4117 S SEMORAN BLVD #14
ORLANDO FL 32822

4117 S SEMORAN BLVD #14
ORLANDO FL 32822-2415

2. Principal Place of Business

2040 AMBERGLAIS DRIVE

3. Mailing Address

P.O. BOX 574991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3543533

Applied For

Not Applicable

Zip

32722

Country

USA

Zip

32857-4991

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEBERT, TRE'
3908 CURRY FORD RD
ORLANDO FL 32806

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 CRUZ, RUBEN
STREET ADDRESS 2301 DOUGLAS THOMAS CT
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE ☐ Delete
NAME BUSH, DAVID
STREET ADDRESS 3424 CIMARRON DR
CITY-ST-ZIP ORLANDO FL 32829

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

TITLE ☐ Delete
NAME REYNOSO, FRANK
STREET ADDRESS 4117 S SEMORAN BLVD #14
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE ☐ Delete
NAME STERLING, JEFF
STREET ADDRESS 4627 SADDLE CREEK PL
CITY-ST-ZIP ORLANDO FL 32829

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

TITLE ☐ Delete
NAME REYNOSO, AGNES
STREET ADDRESS 4117 S SEMORAN BLVD., #14
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE ☐ Delete
NAME MARSHALL, HELEN
STREET ADDRESS 660 BROOKSIDE RD
CITY-ST-ZIP MATLAND FL 32751

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

407-207-6070

Daytime Phone #

CR2E037 (9/99)