

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006600

1. Entity Name

C W KEYT MINISTRIES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90105 009 ****70.00

Principal Place of Business

Mailing Address

347 SAND PINE TRAIL
WINTER HAVEN FL 33880

347 SAND PINE TRAIL
WINTER HAVEN FL 33880-1101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KEYT, CHARLES W
347 SAND PINE TRAIL
WINTER HAVEN FL 33880

4. FEI Number 59-3628273
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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 \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KEYT, CHARLES W	
STREET ADDRESS	347 SAND PINE TRAIL	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KEYT, T E	
STREET ADDRESS	406 - 9TH STREET	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARDEN, JOHN	
STREET ADDRESS	143 MILLER DRIVE, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Charles W Keyt
Charles W Keyt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/2000 (941-299-9439)

Date

Daytime Phone #

CF2E037 (9/99)