

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90005 015 ****61.25

DOCUMENT # N98000006663

1. Entity Name
THE KING'S COURT CHRISTIAN DANCE MINISTRY, INC.

Principal Place of Business Mailing Address

**13302 EGRETS MARSH DR.
 JACKSONVILLE FL 32224** **13302 EGRETS MARSH DR.
 JACKSONVILLE FL 32224** *change pl*

2. Principal Place of Business 3. Mailing Address

P.O. Box 331034 **P.O. Box 331034**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Jacksonville FL **Jacksonville FL**

Zip Zip Country Country

32233-1034 **32233-1034**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HANDTKE, RENEE M
 13302 EGRETS MARSH DR.
 JACKSONVILLE FL 32224**

4. FEI Number Applied For

59-3545824 ☐ 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDTKE, RENEE M	NAME	
STREET ADDRESS	13302 EGRETS MARSH DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDTKE, PHIL S	NAME	
STREET ADDRESS	13302 EGRETS MARSH DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRE, SUSAN	NAME	
STREET ADDRESS	13700 RICHMOND PARK DR, APT 906	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, JERRY	NAME	
STREET ADDRESS	203 SOUTH ROSCOE BLVD	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Renee M Handtke* **Renee Handtke** **1/3/01 904-992-4001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)