

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90281 004 ****61.25

DOCUMENT # N99000000070

1. Entity Name

BARCLAY T. MCRAE MINISTRIES, INCORPORATED

Principal Place of Business

543 SUMMERS CREEK DRIVE
MERRITT ISLAND FL 32952

Mailing Address

543 SUMMERS CREEK DRIVE
MERRITT ISLAND FL 32952

2. Principal Place of Business

543 Summers Creek Dr.

Suite, Apt. #, etc.

3. Mailing Address

543 Summers Creek Dr.

Suite, Apt. #, etc.

City & State

Merritt Island, FL ~~32952~~

Zip

32952

Country

US

City & State

Merritt Island, FL

Zip

32952

Country

US

4. FEI Number

59-3555083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCRAE, BARCLAY T REV.
543 SUMMERS CREEK DRIVE
MERRITT ISLAND FL 32952

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 D ☐ Delete
NAME MCRAE, BARCLAY T REV.
STREET ADDRESS 543 SUMMERS CREEK DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ Delete
NAME MCRAE, JENNIFER R
STREET ADDRESS 543 SUMMERS CREEK DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ Delete
NAME MORRIS, EARLINE J
STREET ADDRESS 1016 WOODSMERE PARKWAY
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME Morris, Earline S.
STREET ADDRESS 1016 Woodsmere Parkway
CITY-ST-ZIP 3222 Twelve Oaks Circle, Merritt Island FL 32953

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

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

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:

JENNIFER R MCRAE Jennifer R Mcrae 1/29/01 321-449-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)