## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # N9900000334 May 02, 2000 8:00 am Secretary of State 1. Entity Name NUMBERS 19 MINISTRY, INC. 03-02-2000 90110 026 \*\*\*\*61.25 Mailing Address Principal Place of Business 1302 SHORELINE DRIVE 1302 SHORELINE DRIVE **GULF BREEZE FL 32561 GULF BREEZE FL 32561-4708** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CUKJATI, LORI LEE 1302 SHORELINE DRIVE **GULF BREEZE FL 32561** Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Sign typed or printed ru pistered agent and title if app 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITLE Change NAME CUKJATI, LORI NAME STREET ADDRESS STREET ADDRESS 1302 SHORELINE DRIVE CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 Change Addition TITLE TITLE Delete NAME NAME SIMONSON, BEVERLY JEAN STREET ADDRESS STREET ADDRESS 1302 SHORELINE DRIVE CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 NATALIE CUKJATI 324 VALENCIA Addition ☐ Change TITLE Delete TITLE NAME RATLIFF, MICHIAL NAME GULF BREEZE FL STREET ADDRESS STREET ADDRESS POST OFFICE BOX 50257 - N/A 32561 CITY-ST-ZIP CITY-ST-ZIP COLORADO SPRINGS CO 80949-0257 JACOB CUKJATI Change Addition > TITLE TITLE 💢 Dalete ш NAME GREEN, JACK NAME 324 VALENCIA STREET ADDRESS STREET ADDRESS 4325 MIDMOST GULF BREEZE, FL 35261 CITY-ST-ZIP MOBILE AL 32566 CITY-ST-ZIP Change Addition Delete TITLE LOTT, CLYDE NAME NAME STREET ADDRESS STREET ADDRESS 270 MOSS ROAD CITY-ST-ZIP CITY-ST-ZIE CANTON MS 39046 JACOB CUKJATI IT 324 VACENCIA Change TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS GULPBREEZE PL 32561 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 true true 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 en

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Daytime Phone #

Date