2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N9900000862 May 04, 2000 8:00 am Secretary of State FAMILY MINISTRY, INC. 05-04-2000 90108 016 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 616837 6027 MELBOURNE AVENUE ORLANDO FL 32861-6837 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number FO dera (I.D. 17,0) Applied For Not Applicable anco グターラグラんくろん Country \$8.75 Additional 5. Certificate of Status Desired 01ange 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) GILLIS, REGINAL **6027 MELBOURNE AVENUE** ORLANDO FL 32835 8. The above named eatity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 4-24-2000 SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Board of Directoes Manager 29 melburne Avenue TITLE TITLE NAME NAME orland, Fla. 32835 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME Orlando, Fla. 32835 STREET ADDRE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME orlanda 7 la 3 2808 40 46 minosostreet orlanda, Florida STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **⊠** Delete TITLE ☐ Addition David smith NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Benita Henderson Delete ☐ Change ☐ Addition TITLE TITL F NAME NAME michael Henderson STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receive for 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.