

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90082 050 ****61.25

DOCUMENT # N99000000945

1. Entity Name

MARY MOODY MINISTRIES, INC.

Principal Place of Business

Mailing Address

1701 NW 34TH AVE
 FT LAUDERDALE FL 33311

1701 NW 34TH AVE
 FT LAUDERDALE FL 33311-4256

2. Principal Place of Business

Not open yet
 Suite, Apt. #, etc.
 1701 NW 34TH AVE

3. Mailing Address

1701 NW 34 AVE
 Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, Florida

4. FEI Number

31-1684785

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

33311

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOODY, MARY
 1701 NW 34TH AVE
 FT LAUDERDALE FL 33311

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 *Mary Moody*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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 ☐ Delete

NAME **MOODY, MARY**
 STREET ADDRESS **1701 NW 34TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE TD ☐ Delete

NAME **MOODY, DAN**
 STREET ADDRESS **1701 NW 34TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE SD ☒ Delete

NAME **BUTLER, ESTEE**
 STREET ADDRESS **1701 NW 34TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

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 SD ☒ Change ☐ Addition

NAME **Messiana, Marchella**
 STREET ADDRESS **8351 N.W. 29 St.**
 CITY-ST-ZIP **Sunrise, FL 33322**

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: *Mary Moody*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)