

2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00-90016-013-\$61.25-\$61.25

DOCUMENT # N99000000947

1. Entity Name

BISHOP JOHN W. SNELL MINISTRIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 3:04

Principal Place of Business

Mailing Address

181 VERMONT AVE
FT LAUDERDALE FL 33312

181 VERMONT AVE
FT LAUDERDALE FL 33312-1023

2. Principal Place of Business

3. Mailing Address

181 Vermont Ave

181 Vermont Ave

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

FT. Laud, Fla.

FT. Lauderdale Florida

Zip

Country

Zip

Country

33312

Broward

33312

Broward

4. FEI Number

Applied For

31-1688632

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNELL, JOHN W
181 VERMONT AVE
FT LAUDERDALE FL 33312

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete

NAME SNELL, JOHN W
STREET ADDRESS 181 VERMONT AVE
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE SD ☐ Delete

NAME MASTEN, CYNTHIA
STREET ADDRESS 4600 NW 49TH CT
CITY-ST-ZIP TAMARAC FL 33319

TITLE TD ☐ Delete

NAME SNELL, LOUISE
STREET ADDRESS 181 VERMONT AVE
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)

AD

2-21-00 (954) 797-0156