

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90029 036 ****61.25

DOCUMENT # N99000000947

1. Entity Name

BISHOP JOHN W. SNELL MINISTRIES, INC.

Principal Place of Business

181 VERMONT AVE
 FT LAUDERDALE FL 33312

Mailing Address

181 VERMONT AVE
 FT LAUDERDALE FL 33312

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1688632

Applied For

Not Applicable

Zip

Country

Broward

Zip

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SNELL, JOHN W
 181 VERMONT AVE
 FT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

Same

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 *x Bishop John W. Snell*

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

(NOTE: Registered Agent signature required when reinstating)

x 3/6/01

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 **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

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

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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 Bishop John W. Snell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/6/01 (954) 797-0154

DATE

Daytime Phone #

CR2E037 (10/00)