2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N99000000986 May 16, 2000 8:00 am 1. Entity Name Secretary of State STANDING FIRM ON THE WORD MINISTRIES, INC. 05-16-2000 90030 043 ****61.25 Principal Place of Business Mailing Address 2114-A SCHWAB CT. 2114-A SCHWAB CT. PENSACOLA FL 32504-8163 PENSACOLA FL 32504 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State FLORIDA ENSACOL 1-356 35 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ESCAMBI A 32513-2583 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LONG, THOMAS G JR. 2114-A SCHWAB CT. PENSACOLA FL 32504 Zip Code City 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 9. Election Campaign Financing Make Check Pavable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ASSISTAND DIRECTOR (V·P.)□ Delete ☐ Addition Change TITLE DEBRA LONG NAME NAME 2/14A-SCHWAD CT. STREET ADDRESS STREET ADDRESS PENSALOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition BOARD Member (1) Delete TITLE ☐ Change BEHYE WEAVER NAME NAME 5655' N 9H AUG 6-21 STREET ADDRESS STREET ADDRESS PEWSALOLA, FL. 32504 CITY-ST-ZIP CITY-ST-ZIP BOARD MEMBER ' Change Addition Melissa Toppes 5655 N. 9 fore apt ☐ Delete TITLE TITLE NAME NAME 0-26 STREET ADDRESS STREET ADDRESS PENSALOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP OARD Menber ☐ Addition TITLE Change REV. MAE R. LONG 5112 Mc clellan Bind ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ANNISTON, AL 36201 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITI F MAS 6- LONG JR. NAME NAME 2114A SCHWAR CT STREET ADDRESS STREET ADDRESS FL 32504 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 of trustee empowered to except this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. changed, or on an attachment with an address:

MADICIN

Daytime Phone #

HC-

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE: