

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N99000001231*

1. Entity Name

*Repairer of The Breach Ministries, Inc*

Principal Place of Business

Mailing Address

*2631 Jammes Rd*

*JACKSONVILLE, FL 32244*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*JACKSONVILLE Florida*

Zip

Country

Zip

Country

*32244*

*DUVAL*

4. FEI Number

*59-3401039*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Linda Lathers*  
*7819 AUSTIN Rd*  
*JACKSONVILLE FL 32244*

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

*Linda Lathers Pres. Linda Lathers*

*5-20-2000*

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

☒ **President**  
*Linda Lathers*  
*7819 AUSTIN Rd, JAX FL 32244*

☐ Change ☐ Addition

☒ **Vice President**  
*RUFUS HUFF*  
*1666 VAN EPPS*  
*ATLANTA GA 30334*

☒ Change ☒ Addition

☒ **Wanda Dickey**  
*9960 Normandy Blvd*  
*JAX FL 32210*

☒ Change ☒ Addition

☒ **Patty Pierce**  
*9960 Normandy Blvd*  
*JAX FL*

☒ Change ☒ Addition

☐ **NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

☐ **NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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:

*Linda Lathers Pres.*

*5-20-2000*

*904-778 2192*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)