

2000 UNIFORM BUSINESS REPORT (UBR)

9/5/00-90043-050-\$61.25-\$61.25

DOCUMENT # N99000001275

1. Entity Name

BURDEN BEARER MINISTRIES INC.

APPROVED
AND
FILED

00 SEP 19 AM 9:06

Principal Place of Business
1720 NW 26 TERRACE
FT LAUDERDALE FL 33311

Mailing Address
1720 NW 26 TERRACE
FT LAUDERDALE FL 33311-4426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-0931513

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

BENEFIELD, AMOS JR
1720 NW 26 TERRACE
FT LAUDERDALE FL 33311

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 P/D (Director) ☐ Delete
NAME BENEFIELD, AMOS JR
STREET ADDRESS 1720 NW 26 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/T (Trustee) ☐ Delete
NAME BENEFIELD, AMOS SR
STREET ADDRESS 1720 NW 26 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T (Trustee) ☐ Delete
NAME BENEFIELD, MARY JO
STREET ADDRESS 1720 NW 26 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 565-6611

CR2E037 (9/99)