

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001275

1. Entity Name

BURDEN BEARER MINISTRIES INC.

Principal Place of Business

1720 NW 26 TERRACE
FT LAUDERDALE FL 33311

Mailing Address

1720 NW 26 TERRACE
FT LAUDERDALE FL 33311

2. Principal Place of Business

1720 N.W. 26 TERRACE

3. Mailing Address

1720 N.W. 26 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL 33311

City & State

FT. Lauderdale FL 33311

Zip

33311

Country

USA

Zip

33311

Country

USA

4. FEI Number

65-0931513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Amos Benefield JR

Street Address (P.O. Box Number is Not Acceptable)

1720 N.W. 26 TERRACE

#

City

FT. Lauderdale

FL

Zip Code

33311

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
After September 12, 2001, min. will be \$236.25

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
NAME BENEFIELD, AMOS JR
STREET ADDRESS 1720 NW 26 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE VT
NAME BENEFIELD, AMOS SR
STREET ADDRESS 1720 NW 26 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE ST
NAME BENEFIELD, MARY JO
STREET ADDRESS 1720 NW 26 TERRACE
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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:

SIGNATURE REQUIRED

8-29-01

954 733-9576

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90003 046 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)