

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # N99000001413

1. Entity Name

INSPIRATIONAL MINISTRIES, INC.

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-07-2000 90011 023 ****70.00

Principal Place of Business

805 EAST DAVIS STREET
MELBOURNE FL 32901

Mailing Address

805 EAST DAVIS STREET
MELBOURNE FL 32901-6062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required -**

6. Name and Address of Current Registered Agent

BUGGS, HAZEL
805 EAST DAVIS STREET
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BUGGS, HAZEL	
STREET ADDRESS	805 EAST DAVIS STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUGGS, JESSE E	
STREET ADDRESS	805 EAST DAVIS STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	Knotasha Sypher	
STREET ADDRESS	805 E. Davis Street, Melb. FL	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	Cynthia Dinunzio	
STREET ADDRESS	186 Berkshire - Melbourne, FL	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	Ashaki Sypher	
STREET ADDRESS	2060 Continental Dr.	
CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Hazel Buggs Hazel Buggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 (32) 951-9658
Date Daytime Phone #