

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001981

1. Entity Name

FLOWING WATERS MINISTRY, INC.

Principal Place of Business

P.O. BOX 5183  
SALT SPRINGS FL 32134

Mailing Address

P.O. BOX 5183  
SALT SPRINGS FL 32134

2. Principal Place of Business

14874 NE 215TH LN

3. Mailing Address

14874 NE 215TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Mc Coy FLA

City & State

Ft Mc Coy FLA

Zip

32134

Country

MARION

Zip

32134

Country

MARION

4. FEI Number

59-2593513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDDY, JO ANN  
24700 E. HWY 316  
FT. MCCOY FL 32134

7. Name and Address of New Registered Agent

Name Rhoda B Hurd

Street Address (P.O. Box Number is Not Acceptable)  
14874 NE 215TH LANE

Ft Mc Coy FLA

City

FL

Zip Code  
32134

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 DP ☒ Delete  
NAME EDDY, JACK H JR  
STREET ADDRESS 24700 NE HWY 316  
CITY-ST-ZIP FORT MC COY FL 32134

TITLE VPT ☒ Delete  
NAME EDDY, JOANNE  
STREET ADDRESS 24700 NW HWY 316  
CITY-ST-ZIP FORT MC COY FL 32134

TITLE ST ☐ Delete  
NAME HURD, RHODA  
STREET ADDRESS PO BOX 781  
CITY-ST-ZIP FORT MC COY FL 32134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Addition  
NAME MARY N. FORE  
STREET ADDRESS 15361 NE 237TH LANE  
CITY-ST-ZIP Ft Mc Coy, FLA 32134

TITLE ☐ Change ☒ Addition  
NAME HURD, Robert C  
STREET ADDRESS PO Box 781  
CITY-ST-ZIP Ft Mc Coy FLA 32134

TITLE ☐ Change ☐ Addition  
NAME HURD Rhoda B  
STREET ADDRESS PO Box 781  
CITY-ST-ZIP Fort Mc Coy FLA 32134

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

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

TITLE ☐ Change ☐ 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:

Rhoda B Hurd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-546-3714



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)