

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
May 10, 2000 8:00 am
Secretary of State

02-24-2000 90017 036 ****61.25

DOCUMENT # N99000002120

1. Entity Name

CENTRAL FLORIDA ASSOCIATION OF LAY MINISTRY, INC

Principal Place of Business

Mailing Address

2893 WILD HORSE RD.
ORLANDO FL 32822

2893 WILD HORSE RD.
ORLANDO FL 32822-3607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number

59-3566093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUFFMAN, DAVID
2893 WILD HORSE RD.
ORLANDO FL 32822

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 ☐ Delete
NAME **PD KAUFFMAN, DAVID MR.**
STREET ADDRESS **12625 BIRCHBARK CT.**
CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE ☐ Delete
NAME **VPD VAUGHAN, JERRY MR.**
STREET ADDRESS **9568 LAKE DOUGLAS PLACE**
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE ☐ Delete
NAME **ST HAMPSON, BARBARA**
STREET ADDRESS **P.O. BOX 720205**
CITY-ST-ZIP **ORLANDO FL 32872-0205**

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

TITLE ☐ Delete
NAME **D BLICKENSTAFF, PEGGY MRS.**
STREET ADDRESS **2281 E. UNION CIRCLE**
CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE ☐ Delete
NAME **D EXWORTHY, MARGARET SR.O.P.**
STREET ADDRESS **603 W. SELFPRIDGE**
CITY-ST-ZIP **MELBOURNE FL 32901**

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

TITLE ☐ Delete
NAME **D GIBBS, MARSHALL MR.**
STREET ADDRESS **1070 DRUID DR.**
CITY-ST-ZIP **MAITLAND FL 32751**

☐ Change ☐ Addition
TITLE
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:

W. DAVID KAUFFMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000
Date

407-246-4882
Daytime Phone #

CR2E037 (9/99)