

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002126**

1. Entity Name

FROM MINISTRIES, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90116 013 ****61.25

0012035

Principal Place of Business

**8750 PERIMETER PARK BLVD
JACKSONVILLE FL 32216-6347**

Mailing Address

**8750 PERIMETER PARK BLVD
JACKSONVILLE FL 32216-6347**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3565178

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SIMONIC, NICHOLAS T
8750 PERIMETER PARK BLVD
JACKSONVILLE FL 32216-6347**

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	PD	<input type="checkbox"/> Delete
NAME	STRICKLAND, EUGENE	
STREET ADDRESS	2830 HAPPY LANE #5	
CITY-ST-ZIP	ANCHORAGE AK 99507	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P. O. BOX 230996	
CITY-ST-ZIP	ANCHORAGE, AK 99523-0996	

TITLE	ST	<input type="checkbox"/> Delete
NAME	STICKLAND, NANCY	
STREET ADDRESS	2830 HAPPY LANE #5	
CITY-ST-ZIP	ANCHORAGE AK 99507	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P. O. BOX 230996	
CITY-ST-ZIP	ANCHORAGE, AK 99523-0996	

TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, DAVID	
STREET ADDRESS	4400 FOXHAVEN DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, JAMES	
STREET ADDRESS	7019 RIVERCREST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DYKES, AUBREY	
STREET ADDRESS	1109 LANDS END LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE STRICKLAND

Date

4/25/01

Daytime Phone #

907/569-7000

CR2E037 (10/00)