

2001 UNIFORM BUSINESS REPORT (UBR) 9/21/01-90005-008-\$61.25-\$61.25

DOCUMENT # **N990000021280**
 1. Entity Name
MARRIAGE MECHANICS MINISTRIES, INC.

APPROVED
AND
FILED

01 NOV 19 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1023 ROSECLIFF CIRCLE P.O. BOX 950904
LAKE MARY BOULEVARD LAKE MARY, FLORIDA
SANFORD, FLORIDA 32773-7653 32773

2. Principal Place of Business 3. Mailing Address
MARRIAGE MECHANICS MINISTRIES, INC.
 Suite, Apt. #, etc. **P.O. BOX 950904**
 City & State **LAKE MARY, FLORIDA** City & State **LAKE MARY, FLORIDA**
 Zip **32746** Country **USA** Zip **32795-0904** Country **USA**

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SPIEGEL UTREIRA P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL. 33134

7. Name and Address of Now 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 filer if applicable. (NOTE: Registered Agent signature required when reappointing.) 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	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
PRESIDENT	LAMBERT SANDS	1023 ROSECLIFF CIRCLE	PRESIDENT	LAMBERT SANDS	1131 KERSFIELD CIRCLE
		SANFORD, FL. 32773			LAKE MARY, FLORIDA 32746
VICE - PRESIDENT	KIM SANDS	1023 ROSECLIFF CIRCLE	VICE - PRESIDENT	KIM SANDS	1131 KERSFIELD CIRCLE
		SANFORD, FL. 32773			LAKE MARY, FLORIDA 32746
TREASURER	ALLISON HANNA	1023 ROSECLIFF CIRCLE	TREASURER	ALLISON HANNA	1131 KERSFIELD CIRCLE
		SANFORD, FL. 32773			LAKE MARY, FLORIDA 32746

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 my address with all other like empowered.

SIGNATURE: **LAMBERT SANDS** 9/17/01 (407) 833-0195
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PLEASE NOTE ONLY THE ADDRESSES
 WAS CHANGED! (ALL ELSE REMAINS THE SAME)