

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002410

1. Entity Name

COLLECTING KIDS FOR CHRIST MINISTRY/THE KID'S HO

Principal Place of Business

607 HICKORY AVENUE
SANFORD FL 32771

Mailing Address

607 HICKORY AVENUE
SANFORD FL 32771-2037

2. Principal Place of Business

718 E 7th St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sanford

City & State

City & State

City & State

City & State

Zip

32771

Country

USA

Zip

Country

4. FEI Number

59-3571753

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

SOUTHWARD, VERONICA
607 HICKORY AVENUE
SANFORD FL 32771

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

Veronica Southward

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 D ☐ Delete
NAME SOUTHWARD, VERONICA
STREET ADDRESS 607 HICKORY AVENUE
CITY-ST-ZIP SANFORD FL 32771

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

TITLE D ☐ Delete
NAME WASHINGTON, FLORA
STREET ADDRESS 607 HICKORY AVENUE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS WASHINGTON, FLORA
CITY-ST-ZIP 1206 W 20th St.
SANFORD, FL 32771

TITLE D ☐ Delete
NAME SOUTHWARD, LIONEL
STREET ADDRESS 607 HICKORY AVENUE
CITY-ST-ZIP SANFORD FL 32771

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: Veronica Southward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

407-323-3013

Daytime Phone #

CR2E037 (9/99)