

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/0

FILED

Jun 05, 2000 8:00 am
Secretary of State

05-05-2000 90026 033 ****61.25

DOCUMENT # N99000002566

1. Entity Name

STEADFAST MINISTRIES, INC.

Principal Place of Business

Mailing Address

8710 SANDBERRY BOULEVARD
ORLANDO FL 32819

8710 SANDBERRY BOULEVARD
ORLANDO FL 32819-4152

2. Principal Place of Business

3. Mailing Address

413 Clematis Lane

8413 Clematis Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orlando, Florida

Orlando, Florida

City & State

City & State

32819

32819

Zip

Country

Zip

Country

4. FEI Number

☒ 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

NEMBARD, RALSTON B REV.

8710 SANDBERRY BOULEVARD

ORLANDO FL 32819

Street Address (P.O. Box Number is Not Acceptable)

None

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

Ralston B. Nembhard, President.

Signature, type 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

NAME

STREET ADDRESS

CITY-ST-ZIP

President

☐ Delete

Rev. Ralston Nembhard

8413 Clematis Ln.

Orlando, FL 32819. (D)

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mr. Patrick Stanford

☐ Delete

2911 Vienna Lane, (V-President)

Kissimmee, Fl. 34744

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mrs. Inell Baldwin

☐ Delete

Secretary/Treasurer

3366W South Street, (D)

Orlando, FL 32805.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mr. Byron Moore,

☐ Delete

4249 Gaither St.,

Orlando, Fl. 32811 (D)

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

Date

Daytime Phone #

CR2E037 (9/99)