

**2000 UNIFORM BUSINESS REPORT (UBR)**

5.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90023 025 \*\*\*\*70.00

**DOCUMENT # N99000002603**

1. Entity Name

**TRANSPARENT MINISTRIES, INC.**

Principal Place of Business

Mailing Address

1609 S.W. BURLINGTON ST.  
 PORT SAINT LUCIE FL 34984

1609 S.W. BURLINGTON ST.  
 PORT SAINT LUCIE FL 34984-3558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-2100036**

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

7. Name and Address of New Registered Agent

**DAVIS, AUDREY S.T. REV.**  
**1609 S.W. BURLINGTON ST.**  
**PORT SAINT LUCIE FL 34984**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P/T / PASTOR</b>
STREET ADDRESS	<b>REV. AUDREY S.T. DAVIS</b>
CITY-ST-ZIP	<b>1609 S.W. BURLINGTON ST. "D"</b> <b>PORT SAINT LUCIE, FL 34984</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V.3</b>
STREET ADDRESS	<b>OTIS V. DAVIS JR.</b>
CITY-ST-ZIP	<b>1609 S.W. BURLINGTON ST "T"</b> <b>PORT SAINT LUCIE, FL 34984</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOARD MEMBER</b>
STREET ADDRESS	<b>EARLENE M. GREEN</b>
CITY-ST-ZIP	<b>2510 S.E. ANCHORAGE COVE #106-83</b> <b>PORT SAINT LUCIE, FL 34952</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Rev. Audrey S.T. Davis* **REV. AUDREY S.T. DAVIS** **4/27/00**  
 561-344-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De/line Phone #

CR2E037 (9/99)