

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002748

1. Entity Name

JESUS "R" MINISTRIES, RESTORATION AND RECONCILIA

Principal Place of Business

Mailing Address

3601 S.W. FOURTH AVE.  
OCALA FL 34474

3601 S.W. FOURTH AVE.  
OCALA FL 34474-4520

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

59-3582335

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

CREWS, ANTHONY W  
3601 S.W. FOURTH AVE.  
OCALA FL 34474

## 7. Name and Address of New 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 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	PD	<input type="checkbox"/> Delete
NAME	CREWS, ANTHONY W	
STREET ADDRESS	3601 S.W. FOURTH AVE.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DALY-CREWS, TERESA M	
STREET ADDRESS	3601 S.W. FOURTH AVE.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCULLOCH, AMBER F	
STREET ADDRESS	308 BRIARWOOD CIR.	
CITY-ST-ZIP	KINGSLAND GA 31548	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERDUE, SHAWN M	
STREET ADDRESS	4115 S.W. TWENTY-SECOND STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERDUE, DAVID G	
STREET ADDRESS	4115 S.W. TWENTY-SECOND STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUDAS, NANCY E	
STREET ADDRESS	11115 COLERAIN RD. #107	
CITY-ST-ZIP	ST. MARYS GA 31558	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDUE, SHAWN M.	
STREET ADDRESS	9288 SW 38TH AVE	ADDRESS CHANGE ONLY
CITY-ST-ZIP	OCALA FL 34476	
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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00

352-237-8186

CR2E037 (9/99)