## 2000 UNIFORM BUSINESS REPORT (UBR)

I. Entity Name	MENT # <b>N99000</b> T JOHNSON JR. MINISTRIE	May 04, 2000 8:00 am Secretary of State 03-20-2000 90040 049 ****70.00					
Principal Place of Business 1098 W 27TH ST RIVIERA BEACH FL 33404		Mailing Address 1098 W 27TH ST RIVIERA BEACH FL 33404-2908					
				ļ			
2. Principal Pl	ace of Business	3. Mailing Address	11261				
Suite, Apt. #, etc.		3. Mailing Address 465-0966756 Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE	
City & State .		City & State		Table 1   Table 2   Tabl		lied For Applicable	
Zip	Country	Zip',	Country ·	5. Certificate of S	Status Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Ad	dress of New Registere	d Agent	
IUMINGUN	LICORCOT IO			ss (P.O. Box Number is	Not Acceptable)		
JOHNSON, HERBERT JR 1098 W 27TH ST						<del></del>	
RIVIERA BEACH FL 33404		City				Zip Code	
8. The above	named entity submits this statement	for the purpose of changing i	ts registered office or regis	stered agent, or both, i	n the state of Florida.		
SIGNATURE ,	Signature, typed or printed name of registered age	nt and title if applicable. (NC	DTE: Registered Agent signature req	uired when reinstating)	ĐATI	£	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing \$5 Trust Fund Contribution.		5.00 May Be Ided to Fees	00 May Be Make Check Payable to Department of State		
10.	OFFICERS AND [	DIRECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME	D Johnson, Herbert	Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS	1098 W 27TH ST	•	STREET ADDRESS CITY-ST-ZIP				j
CITY-ST-ZIP TITLE	RIVIERA BEACH FL 33404 VTD	. Delete	TITLE			☐ Change	Addition
NAME	JOHNSON, GLORIA		NAME			_ ,	_
STREET ADDRESS CITY-ST-ZIP	1098 W 27TH ST RIVIERA BEACH FL 33404	-	STREET ADDRESS CITY-ST-ZIP				ļ
TITLE	D	☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS	TURNER, BERTHA 1470 NW 88TH ST		NAME Street Address				ł
CITY-ST-ZIP	MIAI FL 33147		CITY-ST-ZIP				
TITLE NAME	SD Danials, Cynthia	Delete	TITLE NAME			☐ Change	Addition
STREET ADORESS	I		STREET ADDRESS				
CITY-ST-ZIP	JENNING FL 32053	<b>1</b> 6.	CITY-ST-ZIP			☐ Change	☐ Addition
name	D Caswell, Kim	Delete	TITLE NAME			T CHAILDS	L. AUDROIT
STREET ADDRESS	5864 TRIPHAMMER RD		STREET ADDRESS				
CITY-ST-ZIP TITLE	LAKE WROTH FL 33463		· CITY-ST-ZIP			Change	☐ Addition
NAME		L Dage	NAME				
STREET ADDRESS City-St-ZIP			STREET ADDRESS CITY-ST-ZIP				
indicated of the co	certify that the information supplied of don this report or supplemental report or or supplemental report or the receiver or trustee erd, or on an attachment with an address	rt is true and accurate and the npowered to execute this rep	at my signature shall have ort as required by Chapter	the same legal effect :	as if made under oath, tha	at I am an Officer	or director
SIGNA	TUBE. YORKOLIKO	ILDS/MEGN	DED 1-	25-00	561-30	31-931	0
MIDIC	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFIC	ENOR DIRECTOR		Date	Daytune Phone #	