

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002924

1. Entity Name

LAND OF PROMISE MINISTRIES, MISSIONS, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90030 024 ****70.00

Principal Place of Business

4920 TAMPA DOWNS BLVD.
LUTZ FL 33549

Mailing Address

4920 TAMPA DOWNS BLVD.
LUTZ FL 33549-6225

2. Principal Place of Business

Same

3. Mailing Address

~~Same~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 7208
Wesley Chapel, FL
33539 Pasco



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3490361

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HECKER, CHARLES R JR.
4920 TAMPA DOWNS BLVD.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name
Same

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 N/A

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
NAME HECKER, CHARLES R JR.
STREET ADDRESS 4920 TAMPA DOWNS BLVD.
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE STD
NAME HECKER, DEBORAH A
STREET ADDRESS 4920 TAMPA DOWNS BLVD.
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE D
NAME HECKER, CASSANDRA
STREET ADDRESS 7074 FT. KING RD.
CITY-ST-ZIP ZEPHYRHILLS FL 33541 ☐ Delete

TITLE D
NAME JOSEPH, ERICA
STREET ADDRESS 4514 N. 34TH ST.
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE (New Address) ☐ Change ☐ Addition
NAME Hecker, Cassandra
STREET ADDRESS 38939 C AVE.
CITY-ST-ZIP Zephyrhills, FL 33540

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #