

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N99000003494

1. Entity Name

EVANGELICAL MINISTRY OF JESUS CHRIST, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-16-2000 90135 005 ****70.00

Principal Place of Business Mailing Address
750 S. ORANGE BLOSSOM TRAIL, SUITE 57 750 S. ORANGE BLOSSOM TRAIL, SUITE 57
ORLANDO FL 32805 ORLANDO FL 32805-3138

2. Principal Place of Business 3. Mailing Address
Same *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3502972 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, GARY REV.
750 S. ORANGE BLOSSOM TRAIL, SUITE 57
ORLANDO FL 32805

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	P	<input type="checkbox"/> Delete
NAME	CHAMBERS, GARY REV.	
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL, SUITE 57	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHAMBERS, GARY II Trustee	
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL, SUITE 57	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHAMBERS, BYRON Trustee	
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL, SUITE 57	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHAMBERS, SHARON Director	
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL, SUITE 57	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAMBERS, TAMARA Trustee	
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL, SUITE 57	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Executive Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alicia Chambers - Trustee	
STREET ADDRESS	3616 Johnson St. ORL, FL 32805	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSANDRA Toomer	
STREET ADDRESS	400 Sunset Blvd.	
CITY-ST-ZIP	Orlando, FL 32805	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rev. Gary Chambers, Jr. 2-8-00 - 407-872-1133
247-1344

CR2E037 (9/99)