

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003494**

1. Entity Name

EVANGELICAL MINISTRY OF JESUS CHRIST, INC.-

Principal Place of Business

Mailing Address

750 S. ORANGE BLOSSOM TRAIL, SUITE 57
ORLANDO FL 32805750 S. ORANGE BLOSSOM TRAIL, SUITE 57
ORLANDO FL 32805

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

59-3507972

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERS, GARY REV.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAMBERS, GARY II	
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL, SUITE 57	
CITY-ST-ZIP	ORLANDO FL 32805	

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAMBERS, BYRON	
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL, SUITE 57	
CITY-ST-ZIP	ORLANDO FL 32805	

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHAMBERS, SHARON	
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL, SUITE 57	
CITY-ST-ZIP	ORLANDO FL 32805	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	CHAMBERS, TAMARA	
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL, SUITE 57	
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"/> Delete
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

Date

Daytime Phone #

4-9-01 (407) 839-1889

CR2E037 (10/00)