

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004250

1. Entity Name

REFRESHING SPRINGS MINISTRIES CHURCH OF THE LVI

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90047 038 ****70.00

Principal Place of Business

Mailing Address

3029 ANGLER DRIVE
 DELRAY BEACH FL 33445

3029 ANGLER DRIVE
 DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH FL

DELRAY BEACH FL

Zip 3344

Country USA

Zip 33445

Country USA

4. FEI Number

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

CLECKLEY, VANDAIRY
 3029 ANGLER DRIVE
 DELRAY BEACH FL 33445

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

Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 PT ☐ Delete
 NAME CLECKLEY, VANDAIRY
 STREET ADDRESS 3029 ANGLER DRIVE
 CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE ST ☐ Delete
 NAME CLECKLEY, DANISE
 STREET ADDRESS 3029 ANGLER DRIVE
 CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE TT ☐ Delete
 NAME SMALL, GLADYS
 STREET ADDRESS 1021 SOUTH "K" STREET
 CITY-ST-ZIP LAKE WORTH FL 33460

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 VANDAIRY CLECKLEY 8/24/2000 561-266-9904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)