

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90040-017-\$61.25-\$61.25

DOCUMENT # N99000004371

1. Entity Name

APPLE OF HIS EYE MINISTRIES, INC.

FILED

00 DEC 21 PM-3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2885 ANGUS CIRCLE  
MOLINO FL 32577

2885 ANGUS CIRCLE  
MOLINO FL 32577

2. Principal Place of Business

2885 Angus Circle

3. Mailing Address

P.O. Box 22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Molino, FL

City & State

Cantonment, FL

4. FEE Number

59-3589957

Applied For

Not Applicable

Zip

32577

Country

U.S.A

Zip

32533

Country

U.S.A

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

GOODMAN, KAREN  
2885 ANGUS CIRCLE  
MOLINO FL 32577

Name

Street Address (P.O. Box Number 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

KAREN Goodman

*Karen Goodman*

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 ADVISOR  
NAME LILA TERHUNE D. D.  
STREET ADDRESS P.O. Box 310  
CITY-ST-ZIP MOLINO FL 32577

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

TITLE ADVISOR  
NAME MAURICE DUGAS D  
STREET ADDRESS 501 ATEB RD  
CITY-ST-ZIP RIVERVIEW LA 71760

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

TITLE AD  
NAME Bob Terhune  
STREET ADDRESS P.O. Box 310  
CITY-ST-ZIP Molino, FL 32577

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE ADVISOR  
NAME GREG LANCASTER D.  
STREET ADDRESS 2245 CRICKET RIDGE DR.  
CITY-ST-ZIP CANTONMENT, FL 32533

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

TITLE ADVISOR  
NAME BRENDA KILPATRICK D.  
STREET ADDRESS P.O. Box 6315  
CITY-ST-ZIP PENSACOLA, FL 32526

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

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

9/15/00 (850) 587-3210

Date

Daytime Phone #

CR2E037 (5/00)