

2000 UNIFORM BUSINESS REPORT (UBR)

7/20

FILED

Aug 21, 2000 8:00 am
Secretary of State

07-20-2000 90021 005 ****61.25

DOCUMENT # N99000004840

1. Entity Name

INCEST AND ABUSE MINISTRIES, INC.

R

Principal Place of Business

16 BOOTH BLVD.
SAFETY HARBOR FL 34695

Mailing Address

16 BOOTH BLVD.
SAFETY HARBOR FL 34695

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

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

PATTERSON, BARBARA
16 BOOTH BLVD.
SAFETY HARBOR FL 34695

Name Cowne, Barbara
Street Address (P.O. Box Number is Not Acceptable)
16 Booth Blvd
City Safety Harbor FL Zip Code 34695

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 John A. Cowne

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
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 | Director | <input type="checkbox"/> Delete |
| NAME | Barbara Cowne | |
| STREET ADDRESS | 16 Booth Blvd. | |
| CITY-ST-ZIP | Safety Harbor, FL 34695 | |
| TITLE | Treasurer | <input type="checkbox"/> Delete |
| NAME | C. Thomas Cowne | |
| STREET ADDRESS | 16 Booth Blvd | |
| CITY-ST-ZIP | Safety Harbor, FL 34695 | |
| TITLE | Secretary | <input type="checkbox"/> Delete |
| NAME | Rebekah Greene | |
| STREET ADDRESS | 16 Booth Blvd | |
| CITY-ST-ZIP | Safety Harbor, FL 34695 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| 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

7/16/00

(727)669-9754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (5/00)