

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N99000004856

1. Entity Name

RAISING THE STANDARD MINISTRIES, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-17-2000 90903 040 ****61.25

Principal Place of Business

Mailing Address

507 SOUTH MARION STREET, #101
LAKE CITY FL 32025

507 SOUTH MARION STREET, #101
LAKE CITY FL 32025-5200

2. Principal Place of Business

ROUTE 3, BOX 630

Suite, Apt. #, etc.

3. Mailing Address

ROUTE 3, BOX 630

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

4. FEI Number

59-3590681

Applied For

Not Applicable

Zip

32025

Country

COLUMBIA

Zip

32025

Country

COLUMBIA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEEN, SHERI
RT 3, BOX 630
LAKE CITY FL 32025

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

Sheri Keen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

FILE NOW:
FEE IS \$81.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

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☐ 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: *Sheri Keen* SHERI KEEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

904/755-7330

Daytime Phone #

CR2E037 (9/99)