

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006238

1. Entity Name

JOHN THORNE MINISTRIES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90061 001 ****61.25

Principal Place of Business

Mailing Address

5834 SE MERCEDES AVE.
STUART FL 34997

5834 SE MERCEDES AVE.
STUART FL 34997-8429



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5834 SE Mercedes Ave
Suite, Apt. #, etc.

5834 SE Mercedes Ave
Suite, Apt. #, etc.

City & State

City & State

STUART FL

STUART FL

4. FEI Number

Applied For

EIN 65 0954445

Not Applicable

Zip

Country

Zip

Country

34997 MS

34997 US

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

THORNE, JOHN
5834 SE MERCEDES AVE.
STUART FL 34997

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 PD
NAME THORNE, JOHN
STREET ADDRESS 5834 SE MERCEDES AVE.
CITY-ST-ZIP STUART FL 34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME THORNE, ANNE
STREET ADDRESS 5834 SE MERCEDES AVE.
CITY-ST-ZIP STUART FL 34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME THORNE, TODD
STREET ADDRESS 5834 SE MERCEDES AVE.
CITY-ST-ZIP STUART FL 34997

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

728 W

561-286-4828

CR2E037 (9/99)