

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006313

1. Entity Name

MAKING A DIFFERENCE MINISTRIES, INC.

Principal Place of Business

931-5TH AVE. N.W.
LARGO FL 33770

Mailing Address

931-5TH AVE. N.W.
LARGO FL 33770

2. Principal Place of Business

- N.A. -

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

- N.A. -

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number DOCUMENT N99000006313

- N.A. -

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRENNER, JASON A
931-5TH AVE. N.W.
LARGO FL 33770

7. Name and Address of New Registered Agent

Name - N.A. -

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

09/06/00

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

TITLE PCEO ☐ Delete

NAME DRENNER, JASON A

STREET ADDRESS 931-5TH AVE. N.W.

CITY-ST-ZIP LARGO FL 33770

TITLE D ☐ Delete

NAME DRENNER, JASON A

STREET ADDRESS 931-5TH AVE. N.W.

CITY-ST-ZIP LARGO FL 33770

TITLE VD ☐ Delete

NAME WHITE, RANDY A

STREET ADDRESS 3806 SAN PEDRO

CITY-ST-ZIP TAMPA FL 33629

TITLE SD ☐ Delete

NAME DRENNER, GERALD W

STREET ADDRESS 2010 MAPLEWOOD DR.

CITY-ST-ZIP PALATKA FL 32177

TITLE TD ☐ Delete

NAME THOMAS, ROBERT J

STREET ADDRESS 7935 LANDMARK CIR

CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/06/00 (727) 501-1623

Date

Daytime Phone #

CR2E037 (5/00)