

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006379

1. Entity Name

LINC MINISTRIES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90001 032 ****61.25

Principal Place of Business

Mailing Address

812 TAMiami TRAIL, SUITE 1
PORT CHARLOTTE FL 33953

812 TAMiami TRAIL, SUITE 1
PORT CHARLOTTE FL 33953-3068

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

65-0875088

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

CULBERTSON, BETH A
112 WATERSIDE DR.
PORT CHARLOTTE FL 33954

Name

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

5879 Brickell Drive

City

North Port

FL

Zip Code

33947

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

Beth A Culbertson

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 ☐ Delete
NAME D
STREET ADDRESS BUNNELL, JILL M
CITY-ST-ZIP 21256 GAYLORD AVE.
PORT CHARLOTTE FL 33954

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GRUNING, ALAN
CITY-ST-ZIP 556 ANDORA ST.
PUNTA GORDA FL 33950

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CULBERTSON, BETH A
CITY-ST-ZIP 112 WATERSIDE DR.
PORT CHARLOTTE FL 33954

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5879 Brickell Dr.
CITY-ST-ZIP North Port FL 33947

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Beth A Culbertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #