

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90010 025 ****61.25

DOCUMENT # N99000006379

1. Entity Name

LINC MINISTRIES, INC.

Principal Place of Business

**812 TAMiami TRAIL, SUITE 1
PORT CHARLOTTE FL 33953**

Mailing Address

**812 TAMiami TRAIL, SUITE 1
PORT CHARLOTTE FL 33953**

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
~~5879 BRICKELL DRIVE~~
NORTH PORT FL 33947**

Name

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

17362 IAGO AVENUE

City

PORT CHARLOTTE

FL

Zip Code

33954

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 ☐ 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 **~~5879 BRICKELL DR~~
NORTH PORT FL 33947**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **17362 IAGO AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 **MBUNNELL**

4/2/01 941 625-1925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)