

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Jun 19, 2000 8:00 am
Secretary of State

04-19-2000 90035 015 ****70.00

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1. Entity Name

SOARING WITH POWER AND FREEDOM MINISTRIES, INC.

Principal Place of Business

**8923 25TH STREET EAST
PARRISH FL 34219**

Mailing Address

**8923 25TH STREET EAST
PARRISH FL 34219**

2. Principal Place of Business

8923 25th St E

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1063

Suite, Apt. #, etc.

City & State

Parrish, FL

City & State

Ellenton, FL

4. FEI Number

45-0570718

Applied For

Not Applicable

Zip

34219

Country

USA

Zip

34222

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

POPE, ROGER

8923 25TH STREET EAST

PARRISH FL 34219

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

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

TITLE ☐ Delete

**President
Roger C Pope
8923 25th St E
Parrish, FL 34219**

TITLE ☐ Delete

**Director
Laura A. Pope
8923 25th St E
Parrish, FL 34219**

TITLE ☐ Delete

**SECRETARY
Linda Pope
HC 71 Box 8698
Kinchard, FL 32449**

TITLE ☐ Delete

**Trustee
Roy Pope
HC 71 Box 8698
Kinchard, FL 32449**

TITLE ☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00

941-776-1513