

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90045 020 ****70.00

DOCUMENT # P10458

1. Entity Name

BURNHAM MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

2082 NW 19 WAY
 BOCA RATON FL 33431

Mailing Address

2082 NW 19 WAY
 BOCA RATON FL 33431-6301

A0020931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-6562555

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNHAM, DAVID L.
2082 N.W. 19TH WAY
BOCA RATON FL 33431

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 **V** Delete
 NAME **BURNHAM, JONATHAN**
 STREET ADDRESS **3326 RANGE CT**
 CITY-ST-ZIP **MASON OH 45040**

TITLE **D** Delete
 NAME **MORELOCK, JOHN**
 STREET ADDRESS **9550 PONDSIDE CT**
 CITY-ST-ZIP **CINCINNATI OH 45241**

TITLE **D** Delete
 NAME **RYBKA, LAWRENCE**
 STREET ADDRESS **2296 GOLF BROOK DRIVE**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **D** Delete
 NAME **SIEGENTHALER, HAROLD**
 STREET ADDRESS **1214 OAK KNOLL DR**
 CITY-ST-ZIP **AKRON OH**

TITLE **P** Delete
 NAME **BURNHAM DAVID**
 STREET ADDRESS **2082 NW 19TH WAY**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **ST** Delete
 NAME **BURNHAM, SUE**
 STREET ADDRESS **2082 NW 19TH WAY**
 CITY-ST-ZIP **BOCA RATON FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Change Addition
 NAME **SCHOENFELD, ROBERT**
 STREET ADDRESS **11619 SYMMES CREEK**
 CITY-ST-ZIP **LOVELAND, OH 45140**

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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 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: *Signature of Robert Schoenfeld*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **Feb. 2 2000** Daytime Phone #: **561 997 9878**

CR2E037 (9/99)