

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90109 043 ****61.25

DOCUMENT # P34586

1. Entity Name
REEL TO REAL MINISTRIES, INC.

Principal Place of Business Mailing Address
1925 FOX QUARRY **1925 FOX QUARRY**
CANTONEMENT FL 32533 **CANTONEMENT FL 32533-4602**
US **US**



DO NOT WRITE IN THIS SPACE

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 **54-1365314** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLMBERG, ERIC
1909 FOX QUARRY CIRCLE
CANTONEMENT FL 32533

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	HOLMBERG, ERIC	
STREET ADDRESS	1909 FOX QUARRY CIR.	
CITY-ST-ZIP	CANTONEMENT FL 32533	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FITZGERALD, ROBERT	
STREET ADDRESS	420 W 21ST ST	
CITY-ST-ZIP	KEARNEY NE 68847	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLMBERG, RONDA	
STREET ADDRESS	5722 WILLIAMSBURG	
CITY-ST-ZIP	CANTONEMENT FL 32533	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRADY, CLARK	
STREET ADDRESS	5722 WILLIAMSBURG DR.	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOCEVAR, JOHN	
STREET ADDRESS	809 VILLAGE TRAILS	
CITY-ST-ZIP	GATES MILLS OH 44040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Eric Holmberg* 1/18/00 850-968-6380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)