

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005762

1. Entity Name

TO THE NATIONS, INC.

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

05-09-2000 90077 046 ****61.25

Principal Place of Business

Mailing Address

2160 CHINOOK TR
 MAITLAND FL 32751

2160 CHINOOK TR
 MAITLAND FL 32751-3927



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

59-3540014

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

7. Name and Address of New Registered Agent

BLYTHE, RICK H
 2160 CHINOOK TR
 MAITLAND FL 32751

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD ^K	<input type="checkbox"/> Delete
NAME	BLYTHE, RICH H	
STREET ADDRESS	2160 CHINOOK TR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLYTHE, MARIYLYN R	
STREET ADDRESS	2160 CHINOOK TR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BLYTHE, LES.D.	
STREET ADDRESS	1319 GANG PLANK DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Bryson	
STREET ADDRESS	1800 Forrest Rd.	
CITY-ST-ZIP	Winter Park Fl. 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Derrick Huckleberry	
STREET ADDRESS	P.O. Box 940 489	
CITY-ST-ZIP	Maitland Fl. 32794-0489	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Row Harrison	
STREET ADDRESS	3750 Pinellas Creek Circle West	
CITY-ST-ZIP	Jacksonville, Fl. 32224	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Price	
STREET ADDRESS	1420 Edgewater Dr.	
CITY-ST-ZIP	ORLANDO, Fl. 32804	
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 of 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: RICK H BLYTHE 4/24/00 407-629-4159
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

#N9800005762
841875

March 8, 2000

Internal Revenue Service
Federal Building
EP/EO Division, Group 7207
400 North 8th Street, Room 480
Richmond, Virginia 23240
Attn: Ms. B. Ivery-Rivers, ID#52-414

Re: To the Nations, Inc.; FEI #59-3540014

Gentlemen:

In response to your letter of February 17, 2000, we offer the following information, which is keyed to the numbers of the paragraphs of your letter:

#1 Your February 17, 2000 correspondence states that "it is strongly suggested that you expand your governing body by adding a minimum of four (4) unrelated individuals and submit a revised list of your governing body." I report the following information which is to be forwarded to the Department of State, Tallahassee, Florida:

As required by our by-laws, a meeting of the members was held Thursday, February 24, 2000, and the following was approved:

Four (4) new unrelated individuals were elected as members of the Board of Trustees as follows:

1. Ted Bryson
1800 Forrest Road
Winter Park, FL 32789
2. Derrick Huckleberry
P. O. Box 940489
Maitland, FL 32794-0489
3. Ron Harrison
3750 Planters Creek Circle West
Jacksonville, FL 32224
4. Steve Price
1420 Edgewater Drive
Orlando, FL 32804

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Marilyn Blythe and Les Blythe were replaced by the above Trustees. Thus, the current Board of Trustees consists of the following:

1. Rick Blythe
2. Ted Bryson
3. Derrick Huckleberry
4. Ron Harrison
5. Steve Price

In addition, the Board of Trustees elected the following individuals as officers of the corporation:

President:	Rick Blythe
Secretary:	Ron Harrison (replaced Marilyn Blythe)
Treasurer:	Steve Price (replaced Les Blythe)

Paragraph 1 of your February 17, 2000 letter also requested the following information:

- A) Who controls your organization? Board of Trustees
 - B) Who makes the decisions regarding the activities in which they will become involved? Board of Trustees
 - C) Who decides how the funds of the organization will be spent? Board of Trustees
 - D) Are these decisions both activities and financial, subject to oversight by any body within the organization? Board of Trustees
- #2
- A) Board members will be involved by providing guidance and setting policies, but will not be undertaking any particular work assignment. The President will devote approximately 3 days or 30 hours per week to the organization's activities.
 - B) No full time employees yet, but as projected by the Board, the goal is for one full time position and a part time secretary to be provided. Currently, the President has other employment until he can become a full time employee of the organization. This other employment for the President currently consists of Assistant Pastor/ Pastoral Care, First Baptist Church, Orlando (to which the President devotes approximately 3 days or 35 hours per week.), Chaplain for Market Place Ministry (to which the President devotes approximately 3 to 5 hours per week).
 - C) Describe day-to-day activities of the President in connection with the organization:
 1. Handling phone calls and messages.
 2. Preparation of, sending, and receiving mail.
 3. Correspondence.
 4. Filing.

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841875

5. Study preparation for teaching and preaching.
6. Update and establish calendar events.
7. Develop and enlist in the area of finance, volunteers, prayer support.
8. Development of quarterly newsletter.
9. Review of study materials that will be helpful resources to give.
10. Tape ministry - copy and distribute as needed.
11. Consultations with churches, agencies and individuals.
12. Calendaring of counseling and conducting those appointments.

#3 Listed below are the reimbursements or other administrative costs which could be paid to officers or other persons associated with the organization. We are using an accountable reimbursement plan (A.R.P.) as approved by our Board of Trustees.

1. Auto mileage reimbursement - 31¢ per mile/actual up to \$1,500.00
2. Books/publication reimbursement - \$750.00
3. Long distance phone call reimbursement - actual up to \$500.00
4. Educational expense reimbursement (degree work) - up to \$2,000.00
5. Conferences and convention expense reimbursement - up to \$2,000.00
6. Ministry contact/entertainment - up to \$2,500.00
7. License and fees - up to \$500.00

Reimbursements of these costs are approved by our Treasurer as directed by the Board of Trustees within the limits listed. These amounts can be reviewed by the Board of Trustees as needed. Attached are the forms which will be used to document reimbursement of ministry expenses (4 enclosures included).

#4 Attached is an Action by Written Consent which contains the adoption of the required policies contained in Paragraph 4 of your letter.

#5 Currently, there are no contracts or written leases or agreements relating to office expenses. Any equipment which the organization uses has been received by direct purchases or donations. Service repairs for copy machine, printer/fax, phone and phone line, camcorder, TV/VCR, C.D. and cassette equipment, or overhead projector, will be paid for when service and repair is needed without a service contract.

- #6
- A) Yes, the President lives at the ministry address.
 - B) No, there are no meetings in any home of member of the Board. A conference room has been provided by a local church at no expense.
 - C) The organization pays its own expenses (such as phone expense, office supply expenses, etc.) and the homeowner pays all his own customary living expenses, i.e., mortgage, utilities, water, taxes, phone service, T.V. service, repairs and cleaning as well as all home improvements.