

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 744091**

1. Entity Name

**AL GANNON MINISTRIES, INC.**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90035 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9622 SHELDONWOOD RD.  
 P O BOX 260576  
 TAMPA FL 33685

~~9622 SHELDONWOOD RD.~~  
 P O BOX 260576  
 TAMPA FL 33685-0576

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 260576**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

4. FEI Number

**59-1986726**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33685-0576**

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

**FLAWS, LAWRENCE R.**  
**702 CURRAN COURT**  
**BRANDON FL 33511**

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	<input type="checkbox"/> Delete
NAME	GANNON, AL REV.	
STREET ADDRESS	9622 SHELDONWOOD RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARSHALL, LORENE (ASST)	
STREET ADDRESS	8741 WHISPERWOOD CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GANNON, RUTH L.	
STREET ADDRESS	APT. 310 NAUTILUS	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, RICHARD B. DR.	
STREET ADDRESS	3414 W LINEBAUGH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLS, RAY REV.	
STREET ADDRESS	8401 JACKSON SPRINGS RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FLAWS, LAWRENCE	
STREET ADDRESS	702 CORRAN CT.	
CITY-ST-ZIP	BRANDON FL	

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
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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 all other like empowered.

SIGNATURE: *AL GANNON* **AL GANNON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-00** **(813)886-8242**  
 Date Daytime Phone #

CR2E037 (9/99)