2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE

Apr 10, 2002 8:00 am § Secretary of State **DOCUMENT # N44967** 1. Entity Name 04-10-2002 90472 026 ****61.25 INTERNATIONAL MISSIONS MINISTRY, INC. Principal Place of Business Mailing Address 140 INTRACOASTAL POINTE DRIVE #210 140 INTRACOASTAL POINTE DRIVE #210 KUUb2774 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 6/1/ Foster Street 3. Mailing Address | 6/1/ Foster DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3075750 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Box Number is Not Acceptable) COOK, RICSIARD G. 140 INTRACOASTAL POINTE DRIVE #210 JUPITER FL 33477 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE TITLE (9/01) ☐ Delete Change ☐ Addition COOK, RICHARD G. NAME NAME CR2E037 STREET ADDRESS 112 PENNOCK TRACE DRIVE STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition COOK, MAUREEN A. NAME NAME STREET ADDRESS 112 PENNOCK TRACE DRIVE STREET ADDRESS CITY-ST-7IP JUPITER FL 33458 CITY-ST-ZIP TITLE ☐ Delete Change Addition COOK, CRAIG M NAME NAME STREET ADDRESS 6111 FOSTER STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP JUPITER FL 33458 TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOK, REBECCA L NAME NAME STREET ADDRESS 6111 FOSTER STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33458 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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