

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000002836

FILED
Jan 17, 2002 8:00 AM
Secretary of State

Entity Name: BASYE MINISTRIES, INC.

Current Principal Place of Business:

175 5TH STREET SOUTH
NAPLES, FL 341061977

New Principal Place of Business:

Current Mailing Address:

PO BOX 1977
NAPLES, FL 341061977

New Mailing Address:

FEI Number: 65-0197129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASYE, DOYNE S
175 5TH STREET SOUTH
NAPLES, FL 341061977 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BASYE, DOYNE S
Address: 175 5 STREET SOUTH
City-St-Zip: NAPLES, FL 34102

Title: VP () Delete
Name: GIBBS, WILL
Address: 3375 SPRINGHILL PKWY #705
City-St-Zip: SMYRNA, GA 30080

Title: T () Delete
Name: MILLER, STEVE
Address: 760 PARK SHORE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: KOWALSKI, JAY
Address: 388 1 AVE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BARKER, JAMES
Address: 336 1 AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: BARKER, JOANNE
Address: 336
City-St-Zip: 1ST ST.N., FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOYNE S. BASYE

P

01/17/2002

Electronic Signature of Signing Officer or Director

_____ Date

JOAN C. BASYE
175 5ST S.
NAPLES, FL. 34102