

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90083 022 ****61.25

0055460

DOCUMENT # P29549

1. Entity Name

DESERT MINISTRIES, INC.

Principal Place of Business

Mailing Address

**PARAMOUNT BUILDING
 139 N COUNTY RD STE 24
 PALM BEACH FL 33480
 US**

**P.O. BOX 788
 PALM BEACH FL 33480
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1423650

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

**CROMIE, RICHARD M.
 ROYAL POLNCIANA CHAPEL
 60 COCOANUT ROW
 PALM BEACH FL 33480**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 CROMIE, RICHARD M.
 25 JAMAICA LN
 PB FL 33480** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Executive Director
 Cromie, Margaret G.
 139 N. County Road, Suite 24
 Palm Beach, FL 33480** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 THOMPSON, ROBERT L.
 7534 GRAYMORE RD.
 PITTSBURGH PA 15221** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 Dobbins, B. Alan
 596 W. Palm Aire Drive
 Pompano Beach, FL 33069** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MEHL, JOHN E.
 4 WARRIORS RD
 PITTSBURGH PA 15205** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 REID, MRS. HARVEY T.
 2904 N. ATLANTIC BLVD.
 FT. LAUDERDALE FL 33508** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 HALL, WILLIAM E.
 935 VALLEYVIEW RD.
 PITTSBURGH PA 33508** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Assistant Treasurer/Dir
 Hall, William E.
 935 Valleyview Rd.
 Pittsburgh, PA 33508** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 PATTON, ROBERT F
 293 DIXON AVE
 PITTSBURGH PA 15216** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 is a 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01 5616554212

Daytime Phone #

CR2E037 (10/00)