

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90095 027 ****61.25

DOCUMENT # N98000007001

1. Entity Name

GOLDEN YEARS MINISTRIES OF SUMTER COUNTY, INC.

Principal Place of Business

10127 COUNTY RD 114C
WILDWOOD FL 34785

Mailing Address

10127 COUNTY RD 114C
WILDWOOD FL 34785

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3548753

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GREENE, CAROLE
10127 COUNTY RD 114C
WILDWOOD FL 34785

7. Name and Address of New Registered Agent

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

Carole F. Greene 4/24/01 NO Changes

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

TITLE D
NAME PAGE, MARY
STREET ADDRESS 400 ROY STREET
CITY-ST-ZIP WILDWOOD FL ☐ Delete

TITLE VSTD
NAME GREENE, CAROLE F
STREET ADDRESS 10127 CR 114 C
CITY-ST-ZIP WILDWOOD FL 34785 ☐ Delete

TITLE PD
NAME MACDOX, EULA
STREET ADDRESS 10845 N HWY 301
CITY-ST-ZIP OXFORD FL 34484 ☐ Delete

TITLE D
NAME MADDOX, ROBERT
STREET ADDRESS 10845 N HWY 301
CITY-ST-ZIP OXFORD FL 34785 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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:

Carole F. Greene SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

352-330-2162

Daytime Phone #

CR2E037 (10/00)