

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003071

1. Entity Name

DAVID MAGIE MINISTRIES, INC.

Principal Place of Business

313 SAND RIDGE DR
VALRICO FL 33594
US

Mailing Address

P O BOX 2524
BRANDON FL 33594
US

2. Principal Place of Business

7790 SW 63rd Ave. Rd.
Suite, Apt. #, etc.

3. Mailing Address

P O Box 772255
Suite, Apt. #, etc.

City & State

OCALA FLORIDA

City & State

OCALA FLORIDA

Zip

34476

Country

USA

Zip

34477

Country

USA

4. FEI Number

59-3461080

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGIE, DAVID B
313 SAND RIDGE DR
VALRICO FL 33594

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

DAVID B MAGIE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/02
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	PD	<input type="checkbox"/> Delete
NAME	MAGIE, DAVID B	
STREET ADDRESS	313 SAND RIDGE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAGIE, ETHEL R	
STREET ADDRESS	313 SAND RIDGE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAGIE, JOHN M	
STREET ADDRESS	313 SAND RIDGE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGIE, DAVID B	
STREET ADDRESS	7790 SW 63rd Ave Rd	NEW ADDRESS SAME OFFICER
CITY-ST-ZIP	OCALA FL 34476	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGIE, ETHEL R	
STREET ADDRESS	7790 SW 63rd Ave Rd	NEW ADDRESS SAME OFFICER
CITY-ST-ZIP	OCALA FL 34476	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGIE, JOHN M	
STREET ADDRESS	1108 SOARING OSPREY WAY	NEW ADDRESS SAME OFFICER
CITY-ST-ZIP	VALRICO FL 33594	
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
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:

SIGNATURE REQUIRED

DAVID B. MAGIE 4/15/02 (352)854-9234

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE