

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90167 021 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006935

1. Entity Name

PRAISE GOD MINISTRIES, INC.

Principal Place of Business

Mailing Address

10001 MUNSON HWY.
MILTON FL 32570

10001 MUNSON HWY.
MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

SHAFTER, GEORGE H
10001 MUNSON HWY.
MILTON FL 32570

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 renewing)

DATE

FILE NOW: FEE IS \$81.25

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 ☐ Delete
NAME SHAFTER, GEORGE H
STREET ADDRESS 10001 MUNSON HWY.
CITY-ST-ZIP MILTON FL 32570

TITLE ☒ Delete
NAME SHAFTER, ROBERT
STREET ADDRESS 10001 MUNSON HWY.
CITY-ST-ZIP MILTON FL 32570

TITLE ☒ Delete
NAME MARLATT, CRAIG S
STREET ADDRESS 8451 AMELIA TRAIL
CITY-ST-ZIP KISSIMEE FL 34747

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Director
STREET ADDRESS Gerald W. McGUIRE
CITY-ST-ZIP 4400 Bayou Blvd., Ste. 24B
Pensacola, FL 32503

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS CHARLES G. MARTIN
CITY-ST-ZIP 2200 Hwy 87 S.
NAVARO, FL 32566

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

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

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

TITLE ☐ Change ☐ 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)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/02 830
626 0055

CR2E037 (9/01)