

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701410

1. Entity Name

HIGHWAY MISSIONARIES INCORPORATED

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90014 041 *****61.25

Principal Place of Business

802 South 15th Street

P. O. BOX 1488

PALATKA FL 32177-1488

US

Mailing Address

802 South 15th Street

P. O. BOX 1488

PALATKA FL 32177-1488

US

2. Principal Place of Business

P.O. Box 1488

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1488

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALATKA, FL

Zip

32178

Country

PUTNAM

City & State

PALATKA, FL

Zip

32178

Country

PUTNAM

4. FEI Number

59-6166270

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, TWILA C

802 S 15TH ST

PALATKA FL 32177

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.

Twila C. Miller

SIGNATURE

Twila C. Miller / DST

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

(NOTE: Registered Agent signature required when reinstating)

4/13/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GAFFNEY, VIRGINIA
RT 1 BOX 310 BASS TRAIL
CRESCENT FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MILLER, ERNEST T
802 SOUTH 15TH ST.
PALATKA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MILLER, TWILA
802 SOUTH 15TH ST.
PALATKA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 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:

Twila C. Miller
Twila C. Miller / DST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

DATE

904/328-0049

Day-time Phone #

CR2E037 (10/00)