

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90377 038 \*\*\*\*61.25

DOCUMENT # 701410

1. Entity Name

HIGHWAY MISSIONARIES INCORPORATED

Principal Place of Business

Mailing Address

802 SOUTH 15TH STREET  
P. O. BOX 1488  
PALATKA FL 32178  
US

P. O. BOX 1488  
PALATKA FL 32178  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

MILLER, TWILA C  
802 S 15TH ST  
PALATKA FL 32177

Name

Miller, Twila C

Street Address (P.O. Box Number is Not Acceptable)

8605 N.E. 310th Ave.

Salt Springs, FL 32134

City

FL

Zip Code

32134

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

Twila C. Miller

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

(NOTE: Registered Agent signature required when reinstating)

4/4/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME PD  
NAME Miller, Ernest T  
STREET ADDRESS 8605 N.E. 310th Ave.  
CITY-ST-ZIP Salt Springs, FL 32134

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

TITLE ☒ Change ☐ Addition  
NAME DST  
NAME Miller, Twila  
STREET ADDRESS 8605 N.E. 310th Ave.  
CITY-ST-ZIP Salt Springs, FL 32134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/02 / 386/320-0002

CR2E037 (9/01)