

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0085479

DOCUMENT # 718999

1. Entity Name

AURORA MINISTRIES, INC.

04-01-2002 90071 023 ****61.25

Principal Place of Business

Mailing Address

**12705 ST. RT. 64 E.
 BRADENTON FL 34202
 US**

**P.O. BOX 1848
 BRADENTON FL 34202
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number **23-7178299**

Applied For

Not Applicable

Zip
34212

Country
USA

Zip
34206

Country
USA

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

**ALEPPO, JOSEPH A.
 12705 ST. RT. 64 E.
 BRADENTON FL 34202**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	☐ Delete
NAME	MADISON, DANIEL Q.	
STREET ADDRESS	12705 ST. RT. 64 E.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	☐ Delete
NAME	ROSSI, SANNA B.	
STREET ADDRESS	12705 ST. RT. 64 E.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	DP	☐ Delete
NAME	ALEPPO, JOSEPH A.	
STREET ADDRESS	12705 ST. RT. 64 E.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	☐ Delete
NAME	ALEPPO, GEORGIA R.	
STREET ADDRESS	12705 ST. RT. 64 E.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	☐ Delete
NAME	JOHNSON, PHILLIP R	
STREET ADDRESS	P.O. BOX 4000	
CITY-ST-ZIP	PANORAMA CITY CA 91412	
TITLE	D	☐ Delete
NAME	MC CALL, LARRY	
STREET ADDRESS	345 NORTH 175 EAST	
CITY-ST-ZIP	WARSAW IN 46580	

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	
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:

SIGNATURE REQUIRED

3/21/02

Date

Daytime Phone #

CR2E037 (9/01)