

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90025 038 ****61.25

DOCUMENT # 728532

1. Entity Name

GERRISH EVANGELISTIC MINISTRY, INC.

Principal Place of Business

Mailing Address

2006 CIMMARON RUN DRIVE
 VALRICO FL 33594

2006 CIMMARON RUN DRIVE
 VALRICO FL 33594

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

23-7354096

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

GERRISH (HAROLD P.)
2006 CIMMARON RUN DRIVE
VALRICO FL 33594

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PD	GERRISH (HAROLD P)	2006 CIMMARON RUN DRIVE VALRICO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	GERRISH, HAROLD P., JR.	101 DEER TRAIL MADISON, AL 35758	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SD	GERRISH (MERRY INA)	2006 CIMMARON RUN DRIVE VALRICO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	VAUGHN, MELANIE A	309 CRYSTAL GOBLET VALRICO FL	<input type="checkbox"/>		VAUGHN, MELANIE A.	206 CHARLES DRIVE CALHOUN, GA 30701		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	DAVIS, M-R	2766 LAKE PARK RIDGE WEST ACWORTH GA 30101	<input type="checkbox"/>		DAVIS, M. ROBIN	2756 LAKE PARK RIDGE WEST ACWORTH, GA 30101		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Harold P. Gerrish
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **2/5/01** Daytime Phone # **813-661-8853**

CR2E037 (10/00)