

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733957

1. Entity Name

JOHN L. BRAY MINISTRY, INC.

Principal Place of Business

4816 PILGRIM LANE
LAKELAND FL 33810
US

Mailing Address

P.O. BOX 90129
LAKELAND FL 33804
US

2. Principal Place of Business

4816 PILGRIM LANE

3. Mailing Address

P.O. BOX 90129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

City & State

LAKELAND, FLORIDA

Zip

33804

Country

U.S.A.

Zip

33804

Country

U.S.A.

4. FEI Number

51-0175786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAY, JOHN L.
4816 PILGRIM LANE
LAKELAND FL 33810

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.

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

TITLE PD ☐ Delete
NAME BRAY, JOHN L.
STREET ADDRESS 4816 PILGRIM LANE
CITY-ST-ZIP LAKELAND FL 33810

TITLE D ☐ Delete
NAME REYNOLDS, ROY L.
STREET ADDRESS 2208 PRESERVATION DR
CITY-ST-ZIP PLANT CITY FL 33567

TITLE D ☐ Delete
NAME BRAY, MARY EVELYN
STREET ADDRESS 4816 PILGRIM LANE
CITY-ST-ZIP LAKELAND FL 33810

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(863) 858-6625
Jan. 14, 2002
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)