

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

0084991

DOCUMENT # 734980

1. Entity Name

RICK CAMPANA MINISTRIES, INC.

02-14-2002 90088 005 ****61.25

Principal Place of Business

**141 MUIRFIELD CIR
 NAPLES FL 34113
 US**

Mailing Address

**141 MUIRFIELD CIR
 NAPLES FL 34113
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1689006**

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

**CAMPANA, RICK D.MIN.
 141 MUIRFIELD CIRCLE
 NAPLES FL 34113**

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 Delete
 NAME **PCD CAMPANA, RICK D.MIN.**
 STREET ADDRESS **141 MUIRFIELD CIR**
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD CAMPANA, NANCY**
 STREET ADDRESS **141 MUIRFIELD CIRCLE**
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD BLYTHE, RICK REV.**
 STREET ADDRESS **1021 N. NEW YORK AVE.**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D STEINBERG, DALE**
 STREET ADDRESS **1313 PELICAN AVE**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T HERNDON, DUDLEY**
 STREET ADDRESS **825 KETCH DRIVE APT 301**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE Change Addition
 NAME **T/D**
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Jan 2002

Date

Daytime Phone #

(941) 434.7722

CP2E037 (9/01)



DO NOT WRITE IN THIS SPACE