

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738524

1. Entity Name

KITTY KAY MINISTRIES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90073 023 ****61.25

Principal Place of Business

15835 HWY 50
 CLERMONT FL 37412
 US

Mailing Address

PO BOX 418
 KILLARNEY FL 34740-0418
 US

2. Principal Place of Business

4332 Hammermill Dr.
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Zip

34711

Country

U.S.A.

Country

4. FEI Number

59-1736083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARRISON, KITTY KAY
 15835 HWY. 50
 CLERMONT FL 34711

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	<input type="checkbox"/> Delete
NAME	HARRISON, KITTY K.	
STREET ADDRESS	15835 HWY 50	
CITY-ST-ZIP	CLERMONT FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOLANSKI, TIMOTHY D	
STREET ADDRESS	3727 LAKESHORE DR	
CITY-ST-ZIP	GROVELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRISON, BEN	
STREET ADDRESS	15835 HWY. 50	
CITY-ST-ZIP	CLERMONT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kitty Kay Harrison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2000

Date

352-
 243-4376

Daytime Phone #

CR2E037 (9/99)