

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90065 033 ****61.25

DOCUMENT # 739430

1. Entity Name

HIGH POINTE MINISTRIES, INC.

Principal Place of Business

Mailing Address

**8225 HARTSFIELD RD
TALLAHASSEE FL 32303**

**PO BOX 3266
TALLAHASSEE FL 32315**

2. Principal Place of Business

3225 Hartsfield Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-1758289

Applied For

Not Applicable

Zip

32303

Country

Leon

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLOYD, MICHAEL E.
5349 CAPITAL CIRCLE NW
TALLAHASSEE FL 32303**

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 **D** ☐ Delete
NAME **FLOYD, MICHAEL E.**
STREET ADDRESS **5349 CAPITAL CIRCLE NW**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☐ Delete
NAME **FLOYD, DONNA KAY**
STREET ADDRESS **5349 CAPITAL CIRCLE NW**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete
NAME **JANDHL, ALLAN**
STREET ADDRESS **5349 CAPITAL CIRCLE NW**
CITY-ST-ZIP **TALLAHASSEE FL**

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 **D** ☒ Change ☐ Addition
NAME **FLOYD, MICHAEL E.**
STREET ADDRESS **3225 HARTSFIELD ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **SD** ☒ Change ☐ Addition
NAME **FLOYD, DONNA KAY**
STREET ADDRESS **3225 HARTSFIELD ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D** ☒ Change ☐ Addition
NAME **JANDHL, ALLAN**
STREET ADDRESS **3225 HARTSFIELD ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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:

Donna Kay Floyd

Donna Kay Floyd

3/26/02 (833) 562-4564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)