

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90228 044 ****61.25

DOCUMENT # 758773

1. Entity Name

CHARLES RALEY MINISTRIES, INC.

Principal Place of Business

Mailing Address

1350 E. LAKE RD. N.
 TARPON SPRGS. FL 34689

1350 E. LAKE RD. N.
 TARPON SPRGS. FL 34689

2. Principal Place of Business

3. Mailing Address

3312 Talisman Drive

-Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Middleburg, FL.

City & State
Middleburg, FL.

4. FEI Number
59-2212953

Applied For
 Not Applicable

Zip Country
32068 Clay

Zip Country
32068 Clay

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

RALEY, CHARLES W
~~1350 E. LAKE RD. N.~~ **3312 Talisman Drive**
~~TARPON SPRGS. FL 34689~~ **Middleburg, FL 32068**

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 | STD | <input type="checkbox"/> Delete |
| NAME | RALEY, DOROTHY M | |
| STREET ADDRESS | 1350 E. LAKE RD. N. | |
| CITY-ST-ZIP | TARPON SPRGS. FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RALEY, JOHN H. | |
| STREET ADDRESS | 6905 RIDGE TOP DRIVE | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |
| TITLE | PDC | <input type="checkbox"/> Delete |
| NAME | RALEY, CHARLES W | |
| STREET ADDRESS | 1350 E. LAKE RD. N. | |
| CITY-ST-ZIP | TARPON SPRGS. FL | |
| TITLE | MD | <input type="checkbox"/> Delete |
| NAME | RALEY, MASON D. | |
| STREET ADDRESS | 2509 SUNRIDGE CT | |
| CITY-ST-ZIP | ORANGE PARK FL 32065 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KACHULIS, DAVID | |
| STREET ADDRESS | 2187 CAMPUS DR | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RALEY, DAVID C. | |
| STREET ADDRESS | 6061 KNOLLWOOD DR | |
| CITY-ST-ZIP | RIDGE MANOR FL 33523 | |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 3312 Talisman Drive |
| CITY-ST-ZIP | Middleburg, FL 32068 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1895 Victory Rd. |
| CITY-ST-ZIP | Cantonment, FL 32583 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 3312 Talisman Drive |
| CITY-ST-ZIP | Middleburg, FL 32068 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 4700 Saddlehorn Drive |
| CITY-ST-ZIP | Middleburg, FL 32068 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 6061 Knollwood Drive |
| CITY-ST-ZIP | Ridge Manor, FL 33523 |

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: *Charles W. Raley* **SIGNATURE REQUIRED** **Charles W. Raley** **4-29-02** **(904-291-2801)**

CR2E037 (9/01)