

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90698 001 \*\*\*\*61.25

05-12-2002 90698 002 \*\*\*\*8.75

DOCUMENT # 764664

1. Entity Name

ELIJAH BRYANT MINISTRIES, INC.

Principal Place of Business

1806 NW 25TH AVENUE  
OCALA FL 32675

Mailing Address

7865 WEST HIGHWAY 40  
LOT 170  
OCALA FL 34482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2369580

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

BRYANT, J E APOSTLE  
1806 NW 25TH AVENUE  
OCALA FL 32675

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 PD  
NAME BRYANT, JULIUS E  
STREET ADDRESS 1806 NW 25TH AVENUE  
CITY-ST-ZIP Ocala FL ☐ Delete

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

TITLE VD  
NAME BRYANT, SANDRA DIANN  
STREET ADDRESS 1806 NW 25TH AVENUE  
CITY-ST-ZIP Ocala FL ☐ Delete

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

TITLE STD  
NAME YOUNG, BETHINE  
STREET ADDRESS 1806 NW 26TH AVENUE  
CITY-ST-ZIP Ocala FL ☒ Delete

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

TITLE MED  
NAME SMITH, FRANK V  
STREET ADDRESS 2200 N.W. 30TH WAY  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE PID  
NAME RICHARDSON, CHARLES L.  
STREET ADDRESS 29 THE LAMMAS  
CITY-ST-ZIP MUDFORD NO ☐ Delete

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

TITLE RED  
NAME DOWDING, JEROLD C.  
STREET ADDRESS 5325 KIRTLAND TR  
CITY-ST-ZIP SORENTI IL ☐ Delete

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

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

Date

Daytime Phone #

CR2E037 (9/01)