

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006465

1. Entity Name

DIVINE ACTION MINISTRIES INC.

Principal Place of Business

102 10TH ST., NE
STAPLES MN 56479

Mailing Address

102 10TH ST., NE
STAPLES MN 56479

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

41-1364750

Applied For

Not Applicable

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

SHANNON, W.C.
2700 KURT ST., K1
EUSTIS FL 32720

456 Sandpiper Ridge Dr
Orlando, Fla 32835

Name SHANNON W.C.
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

04-31-02

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	C	<input type="checkbox"/> Delete
NAME	CONAWAY, EUGENE	
STREET ADDRESS	2150 E. CLIFF RD.	
CITY-ST-ZIP	BURNSVILLE MN 55337	
TITLE	VCP	<input type="checkbox"/> Delete
NAME	WILKINS, DON R	
STREET ADDRESS	102 10TH ST. NE	
CITY-ST-ZIP	STAPLES MN 56479	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONAWAY, MARY	
STREET ADDRESS	2150 E. CLIFF RD.	
CITY-ST-ZIP	BURNSVILLE MN 55337	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVEIRA, SILAS	
STREET ADDRESS	3190 FOREST BREEZE WAY	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHANNON, WESLEY C	
STREET ADDRESS	2700 KURT ST., K1	
CITY-ST-ZIP	EUSTIS FL 32720	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILKINS, ELEANOR L	
STREET ADDRESS	102 10TH ST. NE	
CITY-ST-ZIP	STAPLES MN 56479	

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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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	

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 DON R. WILKINS 01-10-02 352-6016

Date Daytime Phone #

CR2E037 (9/01)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90870 021 ****62.00



DO NOT WRITE IN THIS SPACE