

2004

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000003455

1. Entity Name
OPEN ROADS MINISTRY, INC.



FILED

04 MAY -5 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
475 MOBILE HIGHWAY 109-E NINE MILE ROAD
PENSACOLA FL 32506 PENSACOLA, FL 32534



☐ CHECK HERE IF MAKING CHANGES -- 84

2. Principal Place of Business		3. Mailing Address		4. FEI Number 48-1162063	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORGAN, JOSEPH F 475 MOBILE HIGHWAY PENSACOLA FL 32506		109-E NINE MILE ROAD PENSACOLA, FLORIDA 32534	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW: FEE IS \$61.25

+ 8.75 TO GO

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CDPT	TITLE	
NAME	MORGAN, JOSEPH F	NAME	
STREET ADDRESS	475 MOBILE HIGHWAY	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32506	CITY - ST - ZIP	
TITLE	DS	TITLE	
NAME	BRETHORST, RHONDA H	NAME	
STREET ADDRESS	1305 W. BUCHANAN ST., #A-11	STREET ADDRESS	
CITY - ST - ZIP	CALIFORNIA MO 65018	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 of the corporation or executor of its will; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with an other life employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-04

256-0016

3-12-03

850-458-1766