

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

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90088 042 \*\*\*\*\*70.00

**DOCUMENT # F02000005349**

1. Entity Name

**THE GOD BLESS MINISTRY, INCORPORATED**



Principal Place of Business

13575 58TH STREET NORTH, STE. 187  
CLEARWATER FL 34620

Mailing Address

211 NW HIGHLAND LANE  
BLUE SPRINGS MO 64014

2. Principal Place of Business

2216 Barbara Drive

3. Mailing Address

2216 Barbara Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Clearwater, FL

Clearwater, FL

City & State

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **74-3062772**

Applied For

Not Applicable

Zip

33764

Country

Pinellas

Zip

33764

Country

Pinellas

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

**MCLAUGHLIN, JOHN**

13575 58TH STREET NORTH, STE. 187  
CLEARWATER FL 34620

Name

McLaughlin, John

Street Address (P.O. Box Number is Not Acceptable)

2216 Barbara Drive

~~Clearwater~~

City

Clearwater

FL

Zip Code

33764

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

*John McLaughlin* John McLaughlin

8/19/03

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW: FEI IS \$61.25**  
**After September 10, 2003 min will be \$236.25**

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          | C                      | <input type="checkbox"/> Delete |
| NAME           | MCLAUGHLIN, JOHN       |                                 |
| STREET ADDRESS | 211 NW HIGHLAND LANE   |                                 |
| CITY-ST-ZIP    | BLUE SPRINGS MO 64014  |                                 |
| TITLE          | VCST                   | <input type="checkbox"/> Delete |
| NAME           | MCLAUGHLIN, LAUREN     |                                 |
| STREET ADDRESS | 211 S. HIGHLAND LANE   |                                 |
| CITY-ST-ZIP    | BLUE SPRINGS MO 64014  |                                 |
| TITLE          | DP                     | <input type="checkbox"/> Delete |
| NAME           | ANDERSON, RAY          |                                 |
| STREET ADDRESS | 2516 S. HAWTHORNE AVE. |                                 |
| CITY-ST-ZIP    | INDEPENDENCE MO 64052  |                                 |
| TITLE          | DVP                    | <input type="checkbox"/> Delete |
| NAME           | ANDERSON, ELIZABETH    |                                 |
| STREET ADDRESS | 2516 S. HAWTHORNE AVE. |                                 |
| CITY-ST-ZIP    | INDEPENDENCE MO 64052  |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | CO                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | McLaughlin, John     |  |
| STREET ADDRESS | 2216 Barbara Drive   |  |
| CITY-ST-ZIP    | Clearwater, FL 33764 |  |
| TITLE          | VCST                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | McLaughlin, Lauren   |  |
| STREET ADDRESS | 2216 Barbara Drive   |  |
| CITY-ST-ZIP    | Clearwater, FL 33764 |  |
| 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            |
| 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: *John McLaughlin* John McLaughlin

8/19/03 (727) 531-8516

CR2E037 (4/03)