

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

**FILED**

03 MAR -4 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F02000006372**

1. Entity Name  
**THE OFFICE OF DOYEN FOR THE ENLIGHTENMENT MISSIO  
N AND HIS SUCCESSORS, A CORPORATION SOLE**



Principal Place of Business  
**250 N. BANANA RIVER DRIVE  
E-9  
MERRITT ISLAND FL 32952**

Mailing Address  
**250 N. BANANA RIVER DRIVE  
E-9  
MERRITT ISLAND FL 32952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**THE OFFICE OF PRESIDING ELDER FOR SOLE RES  
OURCES MISSION AND HIS SUCCESSORS, A CORP  
1980 N. ATLANTIC AVENUE, SUITE 602  
COCOA BEACH FL 32931**

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	DUNCAN, RALPH J	
STREET ADDRESS	250 N. BANANA RIVER DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		

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 607, 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.

**NOTE: THIS IS A NOT-FOR-PROFIT!**

SIGNATURE:

**RALPH J. DUNCAN, DOYEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/17/03 (321) 223-6484**

CR2E034 (10/02)