

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000001539**

1. Entity Name

**A UNITED CHURCH OF THE REDEEMED AND MINISTRIES I
NC.**

Principal Place of Business

**916 NW 6TH AVE
HAWTHORNE FL 32640
US**

Mailing Address

**RT. 3, BOX 47
HAWTHORNE FL 32640**

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

59-3226816

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000**

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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	DENMARK, MATTIE LEE	
STREET ADDRESS	RT. 3, BOX 47	
CITY-ST-ZIP	HAWTHORNE FL 32640	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, FANNIE MAE	
STREET ADDRESS	RT. 3, BOX 234	
CITY-ST-ZIP	HAWTHORNE FL 32640	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, DEBORAH	
STREET ADDRESS	P.O. BOX 1710 N/A	
CITY-ST-ZIP	HAWTHORNE FL 32640	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	GIRTMAN, NUDINE B	
STREET ADDRESS	RT. 1, BOX 121-A	
CITY-ST-ZIP	HAWTHORNE FL 32640	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIE, CAROLYN M	
STREET ADDRESS	825 KINGS HWY.	
CITY-ST-ZIP	LEWES DE 19958	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GUTHRIE, VIVIAN E	
STREET ADDRESS	RT 3 BOX 47 N/A	
CITY-ST-ZIP	HAWTHORNE FL 32640	

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

Date

Daytime Phone #

MATTIE L. DENMARK 3-16-2002 352-481-3580**FILED
Apr 01, 2002 8:00 am
Secretary of State**

04-01-2002 90071 034 ****69.90

B0056417

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)