

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2002 8:00 am  
Secretary of State

01-27-2002 90001 040 \*\*\*\*61.25

DOCUMENT # F98000003269

1. Entity Name

ICN MINISTRIES, INC.

Principal Place of Business

4000 W FAIRFIELD DR  
PENSACOLA FL 32505

Mailing Address

PO BOX 36308  
PENSACOLA FL 32516

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

52-1864520

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

VOLK, SCOTT A  
8594 HWY. 98 WEST  
PENSACOLA FL 32506

Name Scott A. Volk  
Street Address (P.O. Box Number is Not Acceptable)  
4000 W. Fairfield Dr.

City Pensacola, FL FL Zip Code 32505

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 \$61.25

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 ☐ Delete  
NAME BROWN, MICHAEL L DR.  
STREET ADDRESS 12461 RED CLOUD DR.  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME COHEN, CHARLES O  
STREET ADDRESS 1700 YORK AVE. APT. 3C  
CITY-ST-ZIP NEW YORK NY 10128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME CAVA, M. JOHN  
STREET ADDRESS 32210 BARTEL ST.  
CITY-ST-ZIP ELBERTA AL 36530

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PANEPINTO, GARY  
STREET ADDRESS 1236 FOX HOLLOW DR.  
CITY-ST-ZIP TOMS RIVER NJ 08755

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SCOTT A. VOLK (SCOTT A. VOLK above) 2/8/02 810476624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)