

DOCUMENT # F98000003928

1. Entity Name

KEN PETTY MINISTRIES INCORPORATED

Principal Place of Business

11546 SPOWART RD.
WEST FRANKFORT IL 62896

Mailing Address

11546 SPOWART RD.
WEST FRANKFORT IL 62896

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

37-1278324

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

Name

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

City

FL

Zip Code

LAWRENCE, ANN
16804 NE 16TH ST.
SILVER SPRINGS FL 34488

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 CP ☐ Delete
NAME PETTY, KENNETH
STREET ADDRESS 11546 SPONART RD.
CITY-ST-ZIP WEST FRANKFORT IL 62896

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

TITLE CV ☐ Delete
NAME PETTY, JOYCE F
STREET ADDRESS 11546 SPONART RD.
CITY-ST-ZIP WEST FRANKFORT IL 62896

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

TITLE DS ☐ Delete
NAME TOMER, PAM
STREET ADDRESS 707 1/2 N. DUQUOIN ST.
CITY-ST-ZIP BENTON IL 62812

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

TITLE T ☐ Delete
NAME ELY, JENNIFER
STREET ADDRESS 211 CHESTNUT
CITY-ST-ZIP SESSER IL 62884

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

TITLE D ☐ Delete
NAME PETTY, KEN D
STREET ADDRESS 11546 SPOWART RD.
CITY-ST-ZIP WEST FRANKFORT IL 62896

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90060 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)