

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003105**

1. Entity Name

WILLIE NAULLS MINISTRIES, INCORPORATED**FILED****Apr 22, 2002 8:00 am**
Secretary of State

04-22-2002 90212 001 ****61.25

Principal Place of Business

**31096 FLYING CLOUD DRIVE
LAGUNA NIGUEL CA 92677-2714**

Mailing Address

**31096 FLYING CLOUD DRIVE
LAGUNA NIGUEL CA 92677-2714**

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

95-4413958

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

**NAULLS, WILLIAM D
9330 SW 46TH PLACE
GAINESVILLE FL 32608-7111**

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	NAULLS, WILLIAM D	
STREET ADDRESS	9330 SW 46TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32608-7111	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Pickens, Jr.	
STREET ADDRESS	31096 Flying Cloud Drive	
CITY-ST-ZIP	Laguna Niguel, CA 92677-2714	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WOODY, ROBERT L	
STREET ADDRESS	249 WEST UNIVERSITY AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	NAULLS, ANNE V	
STREET ADDRESS	9330 SW 46TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32608-7111	

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANDRY, ALLEN J	
STREET ADDRESS	31096 FLYING CLOUD DRIVE	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677-2714	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLET, JOHN W	
STREET ADDRESS	31096 FLYING CLOUD DR	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677-2714	

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

TITLE		<input type="checkbox"/> Delete
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:**SIGNATURE REQUIRED**

William D. Naulls

3/20/02

(352) 367-9638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)