

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004968

1. Entity Name

GOAD MINISTRIES, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90023 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

202 NORFOLK PLACE  
 CELEBRATION FL 34747

202 NORFOLK PLACE  
 CELEBRATION FL 34747-5044

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

51-0161217

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERZ, WILLIAM J  
 202 NORFOLK PLACE  
 CELEBRATION FL 34747

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 \$61.25**

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	PV	<input type="checkbox"/> Delete
NAME	GOAD, RICHARD J	
STREET ADDRESS	3113 SIOUX DRIVE	
CITY-ST-ZIP	PIQUA OH 45356	
TITLE	TV	<input type="checkbox"/> Delete
NAME	GOAD, CAROLYN S	
STREET ADDRESS	1725 WEST HIGH STREET	
CITY-ST-ZIP	PIQUA OH 45356	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOFFMAN, GEORGE M	
STREET ADDRESS	1176 SCARLET COURT	
CITY-ST-ZIP	WESTERVILLE OH 43081	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 names empowered.

SIGNATURE

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-2000 478-1975

CR2E037 (9/99)