

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90045 020 ****61.25

0015386

DOCUMENT # F99000004968

1. Entity Name

GOAD MINISTRIES, INC.

Principal Place of Business

**202 NORFOLK PLACE
 CELEBRATION FL 34747**

Mailing Address

**202 NORFOLK PLACE
 CELEBRATION FL 34747**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0161217

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MERZ, WILLIAM J
 202 NORFOLK PLACE
 CELEBRATION FL 34747**

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goad, Richard J.	
STREET ADDRESS	3825 Boggy Creek Rd.	
CITY-ST-ZIP	Orlando, FL 32824	
TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goad, Pankealla; Carolyn S.	
STREET ADDRESS	3825 Boggy Creek Rd.	
CITY-ST-ZIP	Orlando, FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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)(f), 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 persons empowered.

SIGNATURE: _____

[Handwritten Signature]

CR2E037 (5/01)