

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90005 034 \*\*\*\*61.25

**DOCUMENT # N000000000120**

1. Entity Name

**TRICIA HERNDON MINISTRIES, INC.**

Principal Place of Business

6110 LUNN ROAD  
LAKELAND FL 33811

Mailing Address

6110 LUNN ROAD  
LAKELAND FL 33811

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

59-3610185

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

HERNDON, PATRICIA A  
6110 LUNN ROAD  
LAKELAND FL 33811

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **HERNDON, PATRICIA A**  
CITY-ST-ZIP **6110 LUNN ROAD**  
**LAKELAND FL 33811**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HERNDON, ROBERT G**  
CITY-ST-ZIP **6110 LUNN ROAD**  
**LAKELAND FL 33811**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **STIELMAN, TAMMY S**  
CITY-ST-ZIP **6110 LUNN ROAD**  
**LAKELAND FL 33811**

TITLE ☐ Change ☐ Addition  
NAME **(spelling correction)**  
STREET ADDRESS **Spielman, Tammy S.**  
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

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 REQUIRED**

May 10, 2001

CR2E037 (10/00)

**LAW OFFICES OF MARK F. DAHLE, P. A.**

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MARK F. DAHLE

**ALSO ADMITTED TO PRACTICE IN  
SOUTH CAROLINA AND BEFORE THE  
UNITED STATES TAX COURT**

MEMBER OF:  
NATIONAL NETWORK OF ESTATE PLANNING ATTORNEYS  
NATIONAL ACADEMY OF ELDER LAW ATTORNEYS  
ACADEMY OF FLORIDA ELDER LAW ATTORNEYS

June 22, 2001

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

FIRST CLASS MAIL


**SUBJECT:** Tricia Herndon Ministries, Inc., a Florida Not-for-Profit Corporation

Dear Sir or Madam:

Enclosed is the 2001 Uniform Business Report for the above noted corporation. Please note the correction to the spelling of Tammy S. Spielman's name. Payment of the annual not for profit fee of Sixty-one and 25/100ths Dollars (\$61.25) for this entity is enclosed by my check number 3578.

Very truly yours,

Law Offices of Mark F. Dahle, P. A.

By   
Mark F. Dahle

C2282.39:rr

Enclosure

cc: Tricia A. Herndon, President