

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90418 047 ****61.25

DOCUMENT # *N000000000683*

1. Entity Name

ALPINE MINISTRIES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1071 ALPINE DR.

Suite, Apt. #, etc.

3. Mailing Address

1071 ALPINE DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELTONA FL.

City & State

DELTONA, FL.

4. FEI Number

59-3691812

Applied For

Not Applicable

Zip

Country

32725

VOLUSIA

Zip

Country

32725

VOLUSIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS W. COLLIER, JR.

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

929 N. SPRING GARDEN AVE. STE. 115

City

DELAND

FL

Zip Code

32720

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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 *D*
NAME *EUGENE P. MARVIN,*
STREET ADDRESS *1071 ALPINE DR.*
CITY-ST-ZIP *DELTONA, FL. 32725*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *JACQUELINE K. MARVIN*
STREET ADDRESS *1071 ALPINE DR.*
CITY-ST-ZIP *DELTONA, FL. 32725*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *RHONDA DEE CROSS*
STREET ADDRESS *582 W. SPRINGTREE WAY*
CITY-ST-ZIP *LAKE MARY, FL. 32746*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugene P. Marvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02 (386) 514-0991