

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90021 009 \*\*\*\*61.25

**DOCUMENT # N00000000683**

1. Entity Name

ALPINE MINISTRIES, INC.



Principal Place of Business

1071 ALPINE DRIVE.  
DELTONA FL 32725

Mailing Address

1071 ALPINE DRIVE.  
DELTONA FL 32725

2. Principal Place of Business

1071 ALPINE DR.

Suite, Apt. #, etc.

DELTONA

City & State

FL

Zip

32725

Country

Volusia

3. Mailing Address

1071 ALPINE DR.

Suite, Apt. #, etc.

DELTONA, FL.

City & State

Zip

32725

Country

Volusia



MOORE

CR2E037 (11/03)

4. FEI Number

59-3691812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLLIER, THOMAS W JR.  
929 N. SPRING GARDEN AVE.,STE.115  
DELAND FL 32720

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARVIN, EUGENE PAUL	
STREET ADDRESS	1071 ALPINE DRIVE.	
CITY- ST- ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARVIN, JACQUELINE K	
STREET ADDRESS	1071 ALPINE DRIVE.	
CITY- ST- ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSS, RHONDA DEE	
STREET ADDRESS	582 W. SPRINGTREE WAY	
CITY- ST- ZIP	LAKE MARY FL 32746	
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	<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	
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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:** Eugene P. Marvin EUGENE P. MARVIN 3/24/04 (386) 574-0991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #