

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000726

1. Entity Name

TENTPEG MINISTRIES, INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90268 018 ****61.25

Principal Place of Business

Mailing Address

1220-B PINNACLE CIRCLE
PENSACOLA FL 32504

P.O. BOX 10270
PENSACOLA FL 32524

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

72-1348181

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

HEALY, BRIAN R
1220-B PINNACLE CIRCLE
PENSACOLA FL 32504

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

4/22/02

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 D ☐ Delete
NAME ARMOND, DECKER REV
STREET ADDRESS 5916 RIVERSIDE DRIVE
CITY-ST-ZIP PORT ORANGE FL FL 32127

TITLE Director ☒ Change ☐ Addition
NAME Decker, Armond Rev.
STREET ADDRESS 9716 Commons East Drive H D
CITY-ST-ZIP Charlotte, NC 28277

TITLE D ☐ Delete
NAME HEDY, BRIAN R
STREET ADDRESS 1220B PINNACLE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32504

TITLE Director ☒ Change ☐ Addition
NAME Healy, Brian R
STREET ADDRESS 1220B Pinnacle Circle
CITY-ST-ZIP Pensacola, FL 32504

TITLE D ☐ Delete
NAME HEALY, LAURA E
STREET ADDRESS 1220B PINNACLE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32504

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
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

(850) 479-9763

Daytime Phone #

CR2E037 (9/01)