

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001460

1. Entity Name

MAJESTIC MINISTRIES, INC.

Principal Place of Business

5100 DOGWOOD DR.
MILTON FL 32570

Mailing Address

6100 DOGWOOD DR.
MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

6100 Dogwood Drive

6100 Dogwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

4. FEI Number

59-3628991

Applied For

Not Applicable

Zip

32570

Country

Santa Rosa

Zip

32570

Country

Santa Rosa

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

REVILL, BRENDA F
4584 N. SPENCERFIELD ROAD
PACE FL 32571

Address change

Name

Revill Brenda F

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

6871 Cedar Ridge Circle

City

Milton

City

Milton

FL

Zip Code

32570

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

Pastor Brenda F. Revill

Brenda F. Revill

2-4-02

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 P
NAME REVILL, BRENDA F
STREET ADDRESS 4584 N SPENCERFIELD ROAD
CITY-ST-ZIP PACE FL 32571

TITLE P
NAME Revill Brenda F
STREET ADDRESS 6871 Cedar Ridge Circle
CITY-ST-ZIP Milton, FL 32570

TITLE C
NAME REVILL, CHARLES R
STREET ADDRESS 4584 N SPENCERFIELD ROAD
CITY-ST-ZIP PACE FL 32571

TITLE C
NAME Revill Charles R
STREET ADDRESS 6871 Cedar Ridge Circle
CITY-ST-ZIP Milton, FL 32570

TITLE V
NAME ATTAWAY, LENA
STREET ADDRESS P.O. BOX 232
CITY-ST-ZIP BAGDAD FL 32530

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME SURLES, ANITA
STREET ADDRESS 1636 EAGLE DRIVE
CITY-ST-ZIP CANTONMENT FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME HOCKER, EDNA
STREET ADDRESS 1121 BERRYHILL ROAD
CITY-ST-ZIP MILTON FL 32570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME HAYES, MICHELE
STREET ADDRESS 5729 WEST LEE STREET
CITY-ST-ZIP MILTON FL 32570

TITLE
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; and 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: Brenda F. Revill

2-4-02 850-981-9429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)