

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90018 014 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000001627

1. Entity Name
HIS UNSPEAKABLE GIFT MINISTRY, INC.

Principal Place of Business
307 S PALAFOX STREET
PENSACOLA FL 32501

Mailing Address
307 S PALAFOX STREET
PENSACOLA FL 32501

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-3633482

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FARRINGTON, WILLIAM E II
307 S PALAFOX STREET
PENSACOLA FL 32501

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	D <input type="checkbox"/> Delete	
NAME	FARRINGTON, WILLIAM E II	
STREET ADDRESS	307 S PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D <input type="checkbox"/> Delete	
NAME	MURRAY, RICHARD	
STREET ADDRESS	4409 BAYOU RIDGE DR	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D <input type="checkbox"/> Delete	
NAME	KIMBALL, ROBERT	
STREET ADDRESS	2431 HWY 297A	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D <input type="checkbox"/> Delete	
NAME	BOLES, W JOEL	
STREET ADDRESS	4176 MADURA 4	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D FARRINGTON, WILLIAM E II	*Missing on last name.
STREET ADDRESS	307 S. PALAFOX ST.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	D ERIK OPAGER	*Was listed in filed AOC-6, Inc., but not listed on this Report.
STREET ADDRESS	6336 JASON DR.	
CITY-ST-ZIP	MILTON, FL 32570	
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		

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: William E. Farrington **REQUIRED** 1/4/01 (850) 438-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)