

2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

FARRINGTON, WILLIAM E II
307 S PALAFOX STREET
PENSACOLA FL 32501

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

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
NAME FARRINGTON, WILLIAM E II
STREET ADDRESS 307 S PALAFOX STREET
CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MURRAY, RICHARD
STREET ADDRESS 4409 BAYOU RIDGE DR
CITY-ST-ZIP PACE FL 32571 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KIMBALL, ROBERT
STREET ADDRESS 2431 HWY 297A
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BOLES, W JOEL
STREET ADDRESS 4176 MADURA 4
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME OPAGER, ERIK
STREET ADDRESS 6336 JASON DR
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

1-18-02 (850) 438-1111

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90032 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)