

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90096 008 ****70.00

DOCUMENT # N00000001701

1. Entity Name

NEXT LEVEL MINISTRY, INC.

Principal Place of Business

Mailing Address

1648 PALMETTO AVE
 UNIT A
 FORT MYERS FL 33916

1292 DORCHESTER ST
 PORT CHARLOTTE FL 33952

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

65-1033781

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

PLATT, CHARLES SR
1292 DORCHESTER ST
PORT CHARLOTTE FL 33952

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	P	<input type="checkbox"/> Delete
NAME	PLATT, SR., CHARLES	
STREET ADDRESS	1292 DORCHESTER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PLATT, LINDA L	
STREET ADDRESS	1292 DORCHESTER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESLEY, KENNETH L	
STREET ADDRESS	1292 DORCHESTER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDEN, SR., DALE	
STREET ADDRESS	2030 S STREET, APT. A	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKSON, KOMEKA	
STREET ADDRESS	3031 FRANKLIN CT	
CITY-ST-ZIP	FORT MYERS FL 33946	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PLATT, WENDY R	
STREET ADDRESS	1292 DORCHESTER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

CHARLES SR. PLATT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)