

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90096 028 ****70.00

DOCUMENT # **N00000001701** ✓

1. Entity Name

Next Level Ministry



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

525 E Helen Ave

3. Mailing Address

525 E. Helen Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Punta Gorda, Fla.

Punta Gorda, FL

City & State

City & State

Punta Gorda, Fla.

Punta Gorda, FL

Zip

Zip

Charlotte

United States

4. FEI Number

65-1633781

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *Linda L Platt*

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

525 E. Helen Ave

City *Punta Gorda*

FL

Zip Code *33950*

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda L Platt

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

7/20/03

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE *Secretary*
NAME *Yolanda R. Matthew-S*
STREET ADDRESS *341 Fairhaven St.*
CITY-ST-ZIP *Port Charlotte, Fla. 33952*

TITLE *Treasurer*
NAME *Charles Platt Jr. - T/V*
STREET ADDRESS *525 E Helen Ave.*
CITY-ST-ZIP *Punta Gorda, Fla. 33950*

TITLE *Trustee*
NAME *Kenneth W. Probst - T*
STREET ADDRESS *1040 Marsh St.*
CITY-ST-ZIP *Ft. Myers, Fla 33902*

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda L Platt

7/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

CR2E037B (12/02)