

3/8/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-08-2001 90131 008 ****70.00

DOCUMENT # N00000001810

1. Entity Name

BETTY J. DORSEY MINISTRIES INCORPORATION

Principal Place of Business

6608 N. 23RD STREET
TAMPA FL 33610

Mailing Address

6608 N. 23RD STREET
TAMPA FL 33610

33378



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORSEY, BETTY J
6608 N. 23RD STREET
TAMPA FL 33610

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	P	<input type="checkbox"/> Delete
NAME	DORSEY, BETTY J	
STREET ADDRESS	6608 N. 23RD STREET	
CITY-ST-ZIP	TAMPA FL 33610	

TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, PHELESHIA	
STREET ADDRESS	6608 N. 23RD STREET	
CITY-ST-ZIP	TAMPA FL 33610	

TITLE	T	<input type="checkbox"/> Delete
NAME	DORSEY, HENRY	
STREET ADDRESS	6608 N. 23RD STREET	
CITY-ST-ZIP	TAMPA FL 33610	

TITLE	T	<input type="checkbox"/> Delete
NAME	STEVENS, EUGENE	
STREET ADDRESS	8407 SYCAMORE TREE DRIVE 101	
CITY-ST-ZIP	TAMPA, FL 33614	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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STREET ADDRESS		
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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: BETTY J. DORSEY *Betty J. Dorsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/01 813-237-8650

Date

Daytime Phone #

C02EN01 (10/00)