

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002199

1. Entity Name

GERALD DOGGETT MINISTRIES, INC.

FILED

01 SEP 27 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2290 LAKE MARION DR.
APOPKA FL 32712

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APOPKA FL 32712

2. Principal Place of Business

2290 LAKE MARION DR.

3. Mailing Address

P.O. Box 608091

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka FL

City & State

ORLANDO FL

4. FEI Number

58-2520151

Applied For

Not Applicable

Zip

32712

Country

ORANGE

Zip

32860

Country

ORANGE

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

Name

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

City

FL

Zip Code

DOGGETT, GERALD
2290 LAKE MARION DR.
APOPKA FL 32712

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
After September 12, 2001; min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DOGGETT, HENRY G	2290 LAKE MARION DR.	APOPKA FL 32712	<input type="checkbox"/>
				<input checked="" type="checkbox"/>
V	DOGGETT, DORIS L	2290 LAKE MARION DR.	APOPKA FL 32712	<input type="checkbox"/>
				<input checked="" type="checkbox"/>
ST	KLEFFEL, SUMMER	2290 LAKE MARION DR.	APOPKA FL 32712	<input type="checkbox"/>
				<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Gerald Doggett REQUIRED

09-04-01

407-263-6656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)