

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90010 027 ****61.25

DOCUMENT # N00000002275

1. Entity Name

ORDAINED MINISTRIES, INC.

LA

Principal Place of Business

13311 MIKE DRIVE
TAMPA FL 33617

Mailing Address

13311 MIKE DRIVE
TAMPA FL 33617

00000160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6114 MarJo Drive
Suite, Apt. #, etc.

3. Mailing Address

8042 Fawnridge Circle
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

593663071

Applied For

Not Applicable

Zip

33617

Country

USA

Zip

33610

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, ROMAINE
~~13311 MIKE DRIVE~~ 6114 MarJo Drive
TAMPA FL 33617 Tampa, FL 33619

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

R. A. Edwards

9/10/01

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 ☐ Delete
NAME D
STREET ADDRESS RUSSELL, KIRK
CITY-ST-ZIP 6007 MARTA DRIVE
TAMPA FL 33619

TITLE ☐ Delete
NAME D
STREET ADDRESS EDWARDS, ROMAINE
CITY-ST-ZIP 13311 MIKE DRIVE
TAMPA FL 33617

TITLE ☐ Delete
NAME D
STREET ADDRESS EDWARDS, RENARD
CITY-ST-ZIP 6007 MATRA DR
TAMPA FL 33617

TITLE ☐ Delete
NAME D
STREET ADDRESS BUTLER, JOE T
CITY-ST-ZIP 3415 W HILLSBOROUGH AVE #628
TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Russell, Kirk
STREET ADDRESS 8042 Fawnridge Circle
CITY-ST-ZIP Tampa, FL 33610

TITLE ☒ Change ☐ Addition
NAME Edwards, Romaine
STREET ADDRESS 6114 MarJo Drive
CITY-ST-ZIP Tampa, FL 33617

TITLE ☐ Change ☐ Addition
NAME Edwards, Renard
STREET ADDRESS 8501 N. 50th St. #1104
CITY-ST-ZIP Tampa, FL 33617

TITLE ☐ Change ☐ Addition
NAME Butler, Joe T
STREET ADDRESS 8042 FAWN RIDGE CIRCLE
CITY-ST-ZIP Tampa, FL 33610

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

TITLE ☐ Change ☐ 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:

Joe T. Butler

9/10/01 (813) 404-1906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)