

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91688 017 ****61.25

DOCUMENT # N00000002973

1. Entity Name

NEW WINE MINISTRIES, INC.

Principal Place of Business

Mailing Address

903 PONDELLA RD
 FORT MYERS FL 33903

903 PONDELLA RD
 FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

903 PONDELLA ROAD

903 PONDELLA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH FORT MYERS, FLORIDA

City & State

NORTH FORT MYERS, FLORIDA

Zip

Country

33903

Zip

Country

33903

4. FEI Number

65-1004049

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

BLAIR, HARRY A
2180 W. FIRST STREET
SUITE 401
FORT MYERS FL 33901

Name

STEVEN L. ROGERS

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

618 SE 20TH PLACE

City

CAPE CORAL

FL

Zip Code
33990

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

Steven L. Rogers

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 **PD** ☐ Delete
 NAME **ROGERS, STEVEN L**
 STREET ADDRESS **618 SOUTHEAST 20TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE **STD** ☐ Delete
 NAME **ROGERS, TANIA L**
 STREET ADDRESS **618 SOUTHEAST 20TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☒ Change ☐ Addition
 NAME **STD ROGERS, TANIA L.**
 STREET ADDRESS **618 SE 20TH PLACE**
 CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **D** ☐ Delete
 NAME **ROGERS, JAIME L**
 STREET ADDRESS **306 E OAK AVE**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
 NAME **D ROGERS, JAIME L.**
 STREET ADDRESS **618 SE 20TH PLACE**
 CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: *Jana L. Perdue* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

5-3-02 941-652-4125

Date

Daytime Phone #

CR2E037 (9/01)