


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-13-2003 90210 019 ****70.00

DOCUMENT # N00000003206

1. Entity Name
MOUNTAIN MIST MINISTRIES, INC.



Principal Place of Business Mailing Address

**451 ALEXANDER AVE
DELTONA FL 32725** **451 ALEXANDER AVE
DELTONA FL 32725**

2. Principal Place of Business 3. Mailing Address

124 Filbert St **PO Box 790332**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Sebastian FL **Sebastian FL**

Zip Country Zip Country

32978 **Indian River** **32978-0332** **Indian River**



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

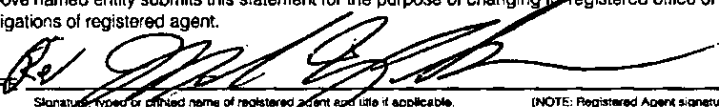
8. Name and Address of Current Registered Agent

**YARBOROUGH, MARK
451 ALEXANDER AVE
DELTONA FL 32725**

7. Name and Address of New Registered Agent:

Name **Rev Mark Yarborough**
Street Address (P.O. Box Number is Not Acceptable)
PO Box 790332
124 Filbert St
City **Sebastian** FL Zip Code **32978-0332**

9. 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:  DATE: **2-10-03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	YARBOROUGH, MARK	
STREET ADDRESS	451 ALEXANDER AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	YARBOROUGH, DEBORA	
STREET ADDRESS	451 ALEXANDER AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	EPSTEIN, BRIAN	
STREET ADDRESS	2722 WINSOR HEIGHTS ST	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  **REQUIRED** Date: **2/10/03** Daytime Phone #: **7725818404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CRPE037 (10/02)