

# 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

**451 ALEXANDER AVE  
DELTONA FL 32725**

Mailing Address

**451 ALEXANDER AVE  
DELTONA FL 32725**

2. Principal Place of Business

**124 FILBERT ST**  
Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 780332**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**SEBASTION FL**

City & State

**SEBASTION FL**

4. FEI Number **NOT APPLICABLE**

☒ Applied For  
☐ Not Applicable

Zip  
**32978**

Country  
**Indian River**

Zip  
**32978-0332**

Country  
**Indian River**

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 780332**  
**124 FILBERT ST**  
City **SEBASTION** FL Zip Code **32978-0332**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-10-03**

**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** ☐ Delete  
NAME **YARBOROUGH, MARK**  
STREET ADDRESS **451 ALEXANDER AVE**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ Delete  
NAME **YARBOROUGH, DEBORA**  
STREET ADDRESS **451 ALEXANDER AVE**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ Delete  
NAME **EPSTEIN, BRIAN**  
STREET ADDRESS **2722 WINSOR HEIGHTS ST**  
CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/03**

Date

**7725818404**

Daytime Phone #

CR2E037 (10/02)