

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 90409 028 ****61.25

DOCUMENT # N00000003237

1. Entity Name

WILLIE A. BATTLES MINISTRIES, INC.

Principal Place of Business

**2351 N.E. 200TH AVENUE
WILLISTON FL 32696**

Mailing Address

**2351 N.E. 200TH AVENUE
WILLISTON FL 32696**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3647826

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional-
Fee Required**

6. Name and Address of Current Registered Agent

**BATTLES, WILLIE A
2351 N.E. 200TH AVENUE
WILLISTON FL 32696**

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

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

TITLE **PD** ☐ Delete
NAME **BATTLES, WILLIE A**
STREET ADDRESS **2351 N.E. 200TH AVENUE**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **VD** ☐ Delete
NAME **BATTLES, SHARON**
STREET ADDRESS **20090 N.E. 30TH STREET**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **SD** ☐ Delete
NAME **LEGALL, RHONDA**
STREET ADDRESS **20090 N.E. 30TH STREET**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **TD** ☐ Delete
NAME **BATTLES, SHARON D**
STREET ADDRESS **20090 N.E. 30TH STREET**
CITY-ST-ZIP **WILLISTON FL 32696**

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
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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:

Willie A. Battles **RECEIVED**

3/11/01

CR2E037 (10/00)