

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90136 022 \*\*\*\*61.25

**DOCUMENT # N00000003237**

1. Entity Name

**WILLIE A. BATTLES MINISTRIES, INC.**

Principal Place of Business

Mailing Address

2351 N.E. 200TH AVENUE  
 WILLISTON FL 32696

2351 N.E. 200TH AVENUE  
 WILLISTON FL 32696

2. Principal Place of Business

3. Mailing Address

2351 NE 200th Avenue

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Williston FL

4. FEI Number

59-3647826

Applied For

Not Applicable

Zip

Country

Zip

Country

32696

Levy

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

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

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

X Willie A. Battles

4-29-2002

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 BATTLES, WILLIE A  
 STREET ADDRESS 2351 N.E. 200TH AVENUE  
 CITY-ST-ZIP WILLISTON FL 32696

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

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

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

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

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

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

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  
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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:

WILLIE A. BATTLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-2002

CR2E037 (9/01)