

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91148 047 ****61.25

DOCUMENT # N00000003763

1. Entity Name

MARC WILKES MINISTRIES, INC.



Principal Place of Business

**3014 MIDWAY RD
PLANT CITY FL 33565**

Mailing Address

**3014 MIDWAY RD
PLANT CITY FL 33565**

2. Principal Place of Business

P.O. Box 5191

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5191

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33860

Country

U.S.A

Zip

33860

Country

U.S.A

4. FEI Number **59-3729569**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILKES, MARCELIO
3014 MIDWAY RD
PLANT CITY FL 33565**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WILKES, MARCELIO**
STREET ADDRESS **3014 MIDWAY RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **D** ☐ Delete
NAME **WILKES, KRISTY**
STREET ADDRESS **3014 MIDWAY RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **D** ☐ Delete
NAME **HILL, GUY & SHELLEY**
STREET ADDRESS **2303 SEAN LANE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **T** ☐ Delete
NAME **NEISLER, RACQUAEL**
STREET ADDRESS **951 SO. TENN. AVE**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **T** ☐ Delete
NAME **WILKES, JIM**
STREET ADDRESS **1412 FERN ROAN**
CITY-ST-ZIP **LAKELAND FL 33801**

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

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

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:

SIGNATURE REQUIRED

4-27-03

863-761-0776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)