## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 30, 2001 08:00 AM N0000003836 DOCUMENT # 1. Entity Name **Secretary of State** PHIL BEATTY MINISTRIES, INC. Principal Place of Business Mailing Address 3626 WARBLER DRIVE 3626 WARBLER DRIVE NEW PORT RICHEY FL NEW PORT RICHEY 34652 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 91-2096553 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEATTY РНП. Street Address (P.O. Box Number is Not Acceptable) 3626 WARBLER DRIVE NEW PORT RICHEY FL34652 City 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. 04/30/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) and the second second 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME BEATTY MARNITA D NAME STREET ADDRESS STREET ADDRESS 3626 WARBLER DRIVE CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY 34652 TITLE ☐ Delete TITLE X Change ☐ Addition NAME BROUGHTON JOHNNY NAME CHRISTENSEN STREET ADDRESS STREET ADDRESS 39102 5TH AVENUE 15244 CAMROSE AVE. CITY-ST-ZIP ZEPHYRHILLS 33540 CITY-ST-ZIE SPRING HILL FL. 34610 TITLE PD Delete TITLE Change ☐ Addition NAME BEATTY РНП. PASTOR NAME STREET ADDRESS STREET ADDRESS 3626 WARBLER DRIVE CITY-ST-ZIP NEW PORT RICHEY CITY-ST-ZIP FL. 34652 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

Phil Beatty

PD

04/30/2001

CR2E037 (11/00)