

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004010

1. Entity Name

GOD IS THE ANSWER MINISTRY, INC.

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91300 011 ****70.00

Principal Place of Business

387 E BURDICK AVE
DEFUNIAK SPRINGS FL 32433

Mailing Address

387 E BURDICK AVE
DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0991750

Applied For

Not Applicable

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

KING, MARILYN
387 E BURDICK AVE
DEFUNIAK SPRINGS FL 32433

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

President Marilyn King (same place)

4/30/02

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 ☐ Delete
NAME KING, MARILYN
STREET ADDRESS 387 E BURDICK AVE
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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

TITLE ☐ Delete
NAME BRUCE, PEARL
STREET ADDRESS 1755 ANGUS BRANNON LANE
CITY-ST-ZIP WESTVILLE FL 32464

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

TITLE ☐ Delete
NAME GARRETT, CHARLENE
STREET ADDRESS P O BOX 849
CITY-ST-ZIP FREEPORT FL 32439

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

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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:

Marilyn King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (850)
892-9725

Date

Daytime Phone #

CR2E037 (9/01)