2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000004226

Country

6. Name and Address of Current Registered Agent-

Signature, typed or printed name of registered agent and title if applicable

1. Entity Name

Zip

SIGNATURE

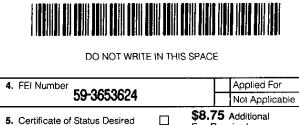
O'NEAL WOODARD MINISTRIES INC

		•
Principal Place of Business	Mailing Address	
2345 19TH AVE SW #2 LARGO FL 33774	2345 19TH AVE SW #2 LARGO FL 33774	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,
City & State	City & State	

Zip

FILED Sep 11, 2002 8:00 am Secretary of State

09-11-2002 90077 043 ****61.25



.7.-Name and Address of New Registered Agent

WOODARD, O'NEAL J
2345 19TH AVE SW #2
LARGO FL 33774

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

Name

(NOTE: Registered Agent signature required when reinstating)

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Country

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.		

**	•								
		A	fter	Se	epten	nber	13,	2002,	
					FTO L			05	

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

DATE

Fee Required

	miii. Wili De \$230.23.			- Added to 1 ees	Dehartment of State	,
10.	OFFICERS AND DIRECTORS	}	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODARD, O'NEAL J 2345 19TH AVE SW #2 LARGO FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODARD, DOUGLAS W 2345 19TH AVE SW #2 LARGO FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, TIAJUANA K 2345 19TH AVE SW #2 LARGO FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURE FETICIE JUDINER Alfine Most Loop N. 1341 Dyncon Loop N. 1341098	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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.

SIGNATURE:

CR2E037 (4/0