

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004910

FILED
Apr 15, 2002 8:00 AM
Secretary of State

Entity Name: CHURCH OF THE MIST, INC.

Current Principal Place of Business:

5798 NORMANDY RD.
CRESTVIEW, FL 32536

New Principal Place of Business:

69 NE BEAL PARKWAY
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

P.O. BOX 644
FT. WALTON BEACH, FL 32549

New Mailing Address:

P.O. BOX 644
FORT WALTON BEACH, FL 32549 US

FEI Number: 59-3661191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIRES, LEROY E
5798 NORMANDY RD.
CRESTVIEW, FL 32536

Name and Address of New Registered Agent:

SPIRES, LEROY E
1340 MIRACLE STRIP PARKWAY
123
FORT WALTON BEACH, FL 32548 US

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: LEROY E. SPIRES

04/15/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P-D () Delete
Name: SPIRES, LEROY E REV.
Address: 5798 NORMANDY ROAD
City-St-Zip: CRESTVIEW, FL 32536 US

Title: S-D () Delete
Name: SPIRES, DIANE W REV.
Address: 5798 NORMANDY ROAD
City-St-Zip: CRESTVIEW, FL 32536 US

Title: D () Delete
Name: KNODEL, VERNA M MS.
Address: 3730 LEPAN TRAIL
City-St-Zip: KINGSLAND, TX 78639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P-D (X) Change () Addition
Name: SPIRES, LEROY E REV.
Address: 1340 MIRACLE STRIP PARKWAY #123
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: S-D (X) Change () Addition
Name: SPIRES, DIANE W REV.
Address: 1340 MIRACLE STRIP PARKWAY #123
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D (X) Change () Addition
Name: LIPTRAP, JOYCE L MS.
Address: 1004 NORTH AUGUSTA STREET
City-St-Zip: STAUNTON, VA 24401 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROY E. SPIRES

P-D

04/15/2002

Electronic Signature of Signing Officer or Director

Date