

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004914**

1. Entity Name

THE CALL MINISTRIES INC.**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90295 003 ****70.00

0083156

Principal Place of Business

552 SW BANKS TERRACE
PORT SAINT LUCIE FL 34953-2915

Mailing Address

552 SW BANKS TERRACE
PORT SAINT LUCIE FL 34953-2915

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

Zip

34953-2915

Country

USA

City & State

PORT ST. LUCIE, FL

Zip

34953-2915

Country

USA

4. FEI Number

105-1028397

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUST, CYNTHIA L
552 SW BANKS TERRACE
PORT SAINT LUCIE FL 34953-2915

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUST, CYNTHIA L
STREET ADDRESS 552 SW BANKS TERRACE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953-2915 ☐ DeleteTITLE VD
NAME RUST, PAUL E
STREET ADDRESS 552 SW BANKS TERRACE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953-2915 ☐ DeleteTITLE ST
NAME COLE, OLIVE V
STREET ADDRESS 1541 W 33RD STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ DeleteTITLE D
NAME RUST, AMANDA D
STREET ADDRESS 552 SW BANKS TERRACE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953-2915 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (10/00)