

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90069 024 \*\*\*\*61.25

**DOCUMENT # N00000005293**

1. Entity Name

**NOW MINISTRIES, INC.**

Principal Place of Business

6717 COCOS DRIVE  
 ORLANDO FL 32807

Mailing Address

6717 COCOS DRIVE  
 ORLANDO FL 32807

2. Principal Place of Business

917 Pecan St.

Suite, Apt. #, etc.

3. Mailing Address

917 Pecan St.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3668071

Applied For

Not Applicable

Zip

32765

Country

Seminole

Zip

32765

Country

Seminole

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KOCH, RALPH D**  
**6717 COCOS DRIVE**  
**ORLANDO FL 32807**

Name

Koch, Ralph D.

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

917 Pecan St.

City

Orlando

FL

Zip Code

32765

7. Name and Address of New Registered Agent

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

Ralph D. Koch

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

(NOTE: Registered Agent signature required when reinstating)

3/1/02

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

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | PD               | <input type="checkbox"/> Delete |
| NAME           | KOCH, RALPH D    |                                 |
| STREET ADDRESS | 6717 COCOS DRIVE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32807 |                                 |
| TITLE          | D                | <input type="checkbox"/> Delete |
| NAME           | KOCH, VILETA P   |                                 |
| STREET ADDRESS | 6717 COCOS DRIVE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32807 |                                 |
| TITLE          | D                | <input type="checkbox"/> Delete |
| NAME           | NAGLE, SHARON V  |                                 |
| STREET ADDRESS | 6717 COCOS DRIVE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32807 |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                   |                                                                              |
|----------------|-------------------|------------------------------------------------------------------------------|
| TITLE          | President         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Koch, Ralph D.    |                                                                              |
| STREET ADDRESS | 917 Pecan St.     |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32765 |                                                                              |
| TITLE          | Vice President    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Koch, Vileta P.   |                                                                              |
| STREET ADDRESS | 917 Pecan St.     |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32765 |                                                                              |
| TITLE          | Sec. - Treas.     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Nagle, Sharon V.  |                                                                              |
| STREET ADDRESS | 913 Pecan St.     |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32765 |                                                                              |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |                                                                              |
| STREET ADDRESS |                   |                                                                              |
| CITY-ST-ZIP    |                   |                                                                              |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |                                                                              |
| STREET ADDRESS |                   |                                                                              |
| CITY-ST-ZIP    |                   |                                                                              |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Ralph D. Koch, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 407-701-5303

Date

Daytime Phone #

CR2E037 (9/01)