

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90377 009 ****70.00

DOCUMENT # **000000007725**

1. Entity Name
MARCIA DAVIS Ministries, Inc

Principal Place of Business Mailing Address
5630 NW 14th Street
Lauderhill; FL 33313

2. Principal Place of Business 3. Mailing Address
5630 NW 14th Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lauderhill; FL
 Zip Country Zip Country
33313



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1076621** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARCIA DAVIS
5630 NW 14th Street
Lauderhill; FL 33313

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 \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARCIA DAVIS 5630 NW 14th Street Lauderhill; FL 33313	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. RAKSTON DAVIS 5630 NW 14th Street Lauderhill; FL 33313	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARJORIE MORRISON 5630 NW 14th Street Lauderhill; FL 33313	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Evelyn McNeil 4200 NW 42nd Ave Lauderdale Lakes; FL 33319	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERA BROWN MANNINGS 441 SW 22nd Terrace Fort Lauderdale; FL 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: **MARCIA DAVIS** **4/01/02**