

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90471 032 ****61.25

DOCUMENT # N00000007965

1. Entity Name

COOKER T MINISTRIES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14500 Continental Gateway

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Same

Zip

32821

Country

US

Zip

32821

Country

US

4. FEI Number

59-3684245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

**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**

DP
WHAPLES, TERRY
14500 CONTINENTAL GATEWAY
ORLANDO FL 32821

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D VP
WHAPLES, JAMES F
14500 CONTINENTAL GATEWAY
ORLANDO FL 32821

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D S/T
HAWK, SUSAN
14500 CONTINENTAL GATEWAY
ORLANDO FL 32821

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
THOMPSON, ULAY
14500 CONTINENTAL GATEWAY
ORLANDO FL 32821

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
THOMPSON, GRETCHEN
14500 CONTINENTAL GATEWAY
ORLANDO FL 32821

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
WAMSLEY, DEBORAH
14500 CONTINENTAL GATEWAY
ORLANDO FL 32821

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
WAMSLEY, FRANK
14500 CONTINENTAL GATEWAY
ORLANDO FL 32821

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

TERRY WHAPLES, P

4/8/02

407-387-1806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)