

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008032

1. Entity Name

589 MINISTRIES, INC.

Principal Place of Business

1203 UMBRELLA TREE DR
EDGEWATER FL 32132

Mailing Address

1203 UMBRELLA TREE DR
EDGEWATER FL 32132

2. Principal Place of Business

3000 Citrus Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1715

Suite, Apt. #, etc.

City & State

Edgewater, FL

City & State

New Smyrna Beach, FL

Zip

32141

Country

USA

Zip

32170

Country

USA

4. FEI Number

59-3700266

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LES N
1203 UMBRELLA TREE DR
EDGEWATER FL 32132

7. Name and Address of New Registered Agent

Name Matthew A. Reynolds

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

3000 Citrus Dr.

City

Edgewater

FL

Zip Code

32141

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]

Matthew A. Reynolds Pres.

1/28/02

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 PSD
NAME REYNOLDS, MATTHES A ☐ Delete
STREET ADDRESS 3000 CITRUS DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE VTD
NAME WILLIAMS, LES N ☒ Delete
STREET ADDRESS 1203 UMBRELLA TREE DR
CITY-ST-ZIP EDGEWATER FL 32132

TITLE D
NAME REYNOLDS, MEGAN D ☐ Delete
STREET ADDRESS 3000 CITRUS DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE D
NAME WILLIAMS, TERESA A ☒ Delete
STREET ADDRESS 1203 UMBRELLA TREE DR
CITY-ST-ZIP EDGEWATER FL 32132

TITLE D
NAME HAUTZ, DOUG ☐ Delete
STREET ADDRESS 311 GRANADA ST
CITY-ST-ZIP NEW SMTRNA BEACH FL 32169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VTD
NAME Reynolds, Megan D. ☒ Change ☐ Addition
STREET ADDRESS 3000 Citrus Dr.
CITY-ST-ZIP Edgewater, FL 32141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (386) 689-1195

Date Daytime Phone #

CR2E037 (9/01)