

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90384 001 *****8.75
 07-09-2002 90384 002 *****61.25

DOCUMENT # N00601

1. Entity Name

MCCOLLUM MISSIONARY MINISTRIES, INC.

Principal Place of Business

Mailing Address

1803 SWANN AVE
 ORLANDO FL 32809
 US

1803 SWANN AVE
 ORLANDO FL 32809
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2551415

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRITT, SHERYL
220 ADELAIDE BLVD.
ALTAMONTE SPRINGS FL 32701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOLLUM, LINDA L	
STREET ADDRESS	1803 SWANN AVE.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCCOLLUM, JATHAN	
STREET ADDRESS	5412 GOVERNOR YEARDLY DR.	
CITY-ST-ZIP	FAIRFAX VA 22032	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOLLUM, LEE ANNA	
STREET ADDRESS	1803 SWANN AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]

[Signature] DIRECTOR (407) 855-5594

CR2E037 (4/02)