7/2/2002-90811-02

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Secretary of State
07-02-2002 90811 022 ****61.25

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

DOCUMENT # N01000001234

1. Entity Name

GREG SQUIRES MINISTRIES, INC.

39223

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO BOX 700639	PO BOX 700639
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST CLOUD, FL	City & State: ST CLOUD, FL
Zip: 34770 Country:	Zip: 34770 Country: USA

4. FEI Number: 59-3693034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: GREG SQUIRES

Street Address (P.O. Box Number is Not Acceptable): 552B LAKE LIZZIE DR.

PO BOX 700639

City: ST CLOUD FL Zip Code: 34770

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	PRESIDENT
NAME	GREG SQUIRES
STREET ADDRESS	P.O. BOX 700639
CITY-ST-ZIP	ST. CLOUD, FL 34770 D
TITLE	SECRETARY
NAME	DOUG BANKSON
STREET ADDRESS	P.O. BOX 700639
CITY-ST-ZIP	ST. CLOUD, FL 34770 D
TITLE	TREASURER
NAME	LARRY GORDON
STREET ADDRESS	P.O. BOX 700639
CITY-ST-ZIP	ST. CLOUD, FL 34770 D
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[redacted]

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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: _____ GREG SQUIRES 5-15-02 407-497-8078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32360F.1