

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001770

1. Entity Name

URBAN ASSAULT MINISTRIES, INC.



Principal Place of Business

2054 LOU AVE
SNEADS FL 32460

Mailing Address

P.O. BOX 717
SNEADS FL 32460

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

43-1952021

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

MCQUEEN-LAWSON, FELISA
2054 LOU AVE
SNEADS FL 32460

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAWSON, DAVID W
STREET ADDRESS 2054 LOU AVE
CITY - ST - ZIP SNEADS FL 32460 ☐ Delete

TITLE VSD
NAME MCQUEEN-LAWSON, FELISA P
STREET ADDRESS 2054 LOU AVE
CITY - ST - ZIP SNEADS FL 32460 ☐ Delete

TITLE D
NAME THOMAS, ELANA
STREET ADDRESS 2007 RETHA LANE
CITY - ST - ZIP SNEADS FL 32460 ☐ Delete

TITLE D
NAME MCCLOUD, CHARLES B III
STREET ADDRESS 531 BROWN ST.
CITY - ST - ZIP ROCHESTER NY 14611 ☐ Delete

TITLE D
NAME MERRITT, GLINDA
STREET ADDRESS 2754 POPLAR SPRINGS RD.
CITY - ST - ZIP MARIANNA FL 32446 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS UN00000067232
CITY - ST - ZIP 02/26/04-80048-005 70.00

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

TITLE ☐ Change ☐ Addition
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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: *Felisa P. McQueen-Lawson* *Felisa P. McQueen-Lawson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-573-1270