

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90165 050 ****61.25

DOCUMENT # NO1000001946

1. Entity Name

COMISSION MINISTRIES, INC.

Principal Place of Business

2716 N. 62ND ST.
 TAMPA R FL 33619

Mailing Address

2716 N. 62ND ST.
 TAMPA R FL 33619

972251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3721617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NANZ, DUANE
 116 EUCLID LOOP:
 SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name

Cecil BRACKETT

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

City

2716 N. 62ND ST
 TAMPA

FL

Zip Code

33619

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
 NAME PD
 STREET ADDRESS BRACKETT, CECIL
 CITY-ST-ZIP 2716 62ND STREET, N.
 TAMPA FL 33610 ☐ Delete

TITLE
 NAME VD
 STREET ADDRESS ROBBINS, PEGGY
 CITY-ST-ZIP 4508 12TH AVENUE, E
 TAMPA FL 33610 ☒ Delete

TITLE
 NAME STD
 STREET ADDRESS BRACKETT, SHARON
 CITY-ST-ZIP 2716 62ND ST. N
 TAMPA FL 33610 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME VD
 STREET ADDRESS Florence Howell
 CITY-ST-ZIP 3304 E. Columbus DR
 TAMPA FL 33605 ☐ 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:

Cecil Brackett

CR2E037 (4/02)