

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90246 010 \*\*\*\*61.25

**DOCUMENT # N01000002120**

1. Entity Name

**MIKE CARLSON MINISTRIES, INC.**



Principal Place of Business

**866 TIMBERLAND TRAIL  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**866 TIMBERLAND TRAIL  
ALTAMONTE SPRINGS FL 32714**

**60015391**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3706543**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CARLSON, W. MICHAEL  
866 TIMBERLAND TRAIL  
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

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**

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 **D** ☐ Delete  
NAME **CARLSON, W. MICHAEL**  
STREET ADDRESS **866 TIMBERLAND TRAIL**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ Delete  
NAME **NARDELLA, ANTHONY M**  
STREET ADDRESS **919 CREST COURT**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ Delete  
NAME **POWELL, CHARLES**  
STREET ADDRESS **901 CRANE'S COURT**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Delete  
NAME **LEWIS, PATRICK**  
STREET ADDRESS **3341 COLEUS COURT**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Delete  
NAME **BRAHM, THOMAS**  
STREET ADDRESS **5977 JESSICA DRIVE**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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)(l), 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 Michael Carlson*

*3/21/03 4072981644*

CR2E037 (10/02)