

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002242

1. Entity Name

OLD TIME MINISTRIES CORPORATION

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90076 005 \*\*\*\*61.25

Principal Place of Business

4505 EAST BUSINESS 98  
PANAMA CITY FL 32404

Mailing Address

4505 EAST BUSINESS 98  
PANAMA CITY FL 32404

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEACOCK, SHEILA K  
4505 EAST BUSINESS 98  
PANAMA CITY FL 32404

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.

SIGNATURE Sheila K. Peacock  
Signature, typed or printed name of registered agent and title if applicable.

Secretary

(NOTE: Registered Agent signature required when reinstating)

3/4/02

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME PEACOCK, JAMES E  
STREET ADDRESS 4505 EAST BUSINESS 98  
CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE VD ☐ Delete  
NAME CROMER, MICHAEL  
STREET ADDRESS 1101 TASHANNA LANE  
CITY-ST-ZIP SOUTHPORT FL 32409

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

TITLE STD ☐ Delete  
NAME PEACOCK, SHEILA K  
STREET ADDRESS 4505 EAST BUSINESS 98  
CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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)(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.

850-763-2478

CR2E037 (9/01)