

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

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90095 001 \*\*\*\*61.25

**DOCUMENT # NO1000002567**

1. Entity Name

**MAJESTIC TRIUMPHANT MINISTRIES, INC.**



Principal Place of Business

**9435 WATERFERN CIRCLE  
CLERMONT FL 34711**

Mailing Address

**PO BOX 121303  
CLERMONT FL 34712**

2. Principal Place of Business

**990 W. Hwy 50<sup>th</sup>**

3. Mailing Address

**P.O. Box 121303**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 103**

City & State

**Clermont, FL**

City & State

**Clermont, FL**

Zip

**34711**

Country

**USA**

Zip

**34712**

Country

**USA**

4. FEI Number **59-3716869**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EVENS, ROBERT L  
9435 WATERFERN CIRCLE  
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **Robert L EVENS II**  
Street Address (P.O. Box Number is Not Acceptable)  
**9435 Waterfern Circle**  
City **Clermont** FL **34711**

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)

**9/2/03**  
DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003; min will be \$236.25**

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	DPT	<input type="checkbox"/> Delete
NAME	EVENS, ROBERT L II	
STREET ADDRESS	9435 WATERFERN CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DS	<input type="checkbox"/> Delete
NAME	EVENS, CHRIS M	
STREET ADDRESS	9435 WATERFERN CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, CASSANDRA	
STREET ADDRESS	4241 UNDERPASS RD	
CITY-ST-ZIP	MASCOTTE FL 34753	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D (Craig)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANFORD, HILL	
STREET ADDRESS	735 Shadybrook Dr	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Robert L EVENS II** **9/2/03** **352-243-7246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)