

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000003092**

1. Entity Name

DIANE CLARK MINISTRIES, INC.**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90115 037 ****61.25

Principal Place of Business

Mailing Address

**1402 SW PENINSULA LANE
PALM CITY FL 34990****1402 SW PENINSULA LANE
PALM CITY FL 34990**

2. Principal Place of Business

3. Mailing Address

1402 SW Peninsula Lane**1402 SW Peninsula Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1516**P.O. Box 1516**

City & State

City & State

Palm City FL**Palm City FL**

Zip

Country

34991**USA**

Zip

Country

34991**USA**

4. FEI Number

65-1114341

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

**SOPKO, JAMES 8 53 SE M
MONTEREY COMMONS BLVD
STUART FL 34990**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, DIANE	
STREET ADDRESS	1402 SW PENINSULA LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, DALE	
STREET ADDRESS	1402 SW PENINSULA LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, DONALD	
STREET ADDRESS	P.O. BOX 1810	
CITY-ST-ZIP	PORT SALERNO FL 34992	
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		<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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dialing Phone #

1/24/02 (S61) 486-3658

CR2E037 (9/01)