

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90119 014 ****61.25

DOCUMENT # NO1000003092

1. Entity Name

DIANE CLARK MINISTRIES, INC.



Principal Place of Business

**1902 SW PENINSULA LANE
PO BOX 1516
PALM CITY FL 34991**

Mailing Address

**1902 SW PENINSULA LANE
PO BOX 1516
PALM CITY FL 34991**

60001649

2. Principal Place of Business

1402 SW Peninsula Lane

Suite, Apt. #, etc.

PO Box 1516

City & State

Palm City FL 34991

Zip

34991

Country

Martin

3. Mailing Address

1402 SW Peninsula Lane

Suite, Apt. #, etc.

PO Box 1516

City & State

Palm City FL 34991

Zip

34991

Country

Martin



☐ CHECK HERE IF MAKING CHANGES

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

**SOPKO, JAMES 8.53 SE M.
MONTEREY COMMONS BLVD
STUART FL 34990**

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	<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 checked="" 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	Jodi DiTerlizzi Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1340 SW Dwyer Point Rd.	
STREET ADDRESS	Palm City FL 34990	
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 of Diane B Clark
Director

1/9/03

CR2E037 (10/02)