

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90168 049 ****61.25

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DOCUMENT # NO1000003963

1. Entity Name

EXCEL CHILDREN'S MINISTRY, INC.



Principal Place of Business

**440 15TH AVE NW
JASPER FL 32052**

Mailing Address

**440 15TH AVE NW
JASPER FL 32052**

2. Principal Place of Business

**1150 NW HWY 41
Suite, Apt. #, etc.
#11**

3. Mailing Address

**Post Office Box 1118
Suite, Apt. #, etc.**

City & State

Jasper FL

City & State

Jasper FL

Zip

32052

Country

USA

Zip

32052

Country

USA

4. FEI Number **59-3720633**

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

**CIRIGLIANO, JULIE M
488 N TEMPLE AVE
STARKE FL 32091**

7. Name and Address of New Registered Agent

Name **Kenneth N. Scalf**

Street Address (P.O. Box Number is Not Acceptable)

#215 NE 2nd Street

City **Jasper**

FL

Zip Code
32052

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

Kenneth N. Scalf, Jr.

11/10/03

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	SMITH, DENNIS B	
STREET ADDRESS	6395 SW 92 DR	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, PATRICIA L	
STREET ADDRESS	6395 NW 92 DR	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, LESTER	
STREET ADDRESS	7773 NW 25 LN	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, PHYLLIS	
STREET ADDRESS	7773 NW 25 LN	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, ALAN B	
STREET ADDRESS	PO BOX 50	
CITY-ST-ZIP	JASPER FL 32052-0052	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, JOYCE M	
STREET ADDRESS	PO BOX 50	
CITY-ST-ZIP	JASPER FL 32052-0052	

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 of Kenneth N. Scalf, Jr.

4/28/03

(386) 638-9908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)