

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

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90160 015 ****61.25

DOCUMENT # **NO1000004002**

1. Entity Name **Integrity Ministries of the
Treasure Coast**

DO NOT WRITE IN THIS SPACE

80139686

2. Principal Place of Business

5106 SE. ORANGE ST.

Suite, Apt. #, etc.

3. Mailing Address

5106 SE. ORANGE ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

STUART FL.

City & State

STUART FL.

4. FEI Number

94-3398678

Applied For

Not Applicable

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **DAVID Bailey**

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

5106 SE. ORANGE ST.

City **STUART FL.**

FL

Zip Code
34997

**DO NOT WRITE
IN THIS SPACE**

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 **David Bailey P.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME **P. David Bailey**
STREET ADDRESS **5106 SE. ORANGE ST**
CITY-ST-ZIP **STUART FL. 34997**

TITLE
NAME **V. Michael Ball**
STREET ADDRESS **3204 Quail Cove Ave.**
CITY-ST-ZIP **OKeechobee FL. 34974**

TITLE
NAME **T. Bonnie Bailey**
STREET ADDRESS **5106 SE. ORANGE ST.**
CITY-ST-ZIP **STUART FL. 34997**

TITLE
NAME **S. Solene Meyer**
STREET ADDRESS **141 SE. CALMASO DR.**
CITY-ST-ZIP **PORT ST. LUCIE FL. 34983**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-02 772-286-5607

Date

Daytime Phone #

CR2E037B (12/01)