

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

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90198 014 \*\*\*\*61.25

**DOCUMENT # N01000004002**

**1. Entity Name**  
**INTEGRITY MINISTRIES OF THE TREASURE COAST, INC.**



**Principal Place of Business**

**5106 S E ORANGE STREET  
STUART FL 34997  
US**

**Mailing Address**

**5106 S E ORANGE STREET  
STUART FL 34997  
US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 94-3398678**

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**

**BAILEY, DAVID  
5106 S E ORANGE STREET  
STUART FL 34997**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BAILEY, DAVID</b>	
<b>STREET ADDRESS</b>	<b>5106 S E ORANGE ST</b>	
<b>CITY-ST-ZIP</b>	<b>STUART FL 34997</b>	
<b>TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>BALL, MICHAEL</b>	
<b>STREET ADDRESS</b>	<b>3204 QUAIL COVEY AVE</b>	
<b>CITY-ST-ZIP</b>	<b>OKEECHOBEE FL 34974</b>	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BAILEY, BONNIE</b>	
<b>STREET ADDRESS</b>	<b>5106 S E ORANGE ST</b>	
<b>CITY-ST-ZIP</b>	<b>STUART FL 34997</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MEYER, JOLENE</b>	
<b>STREET ADDRESS</b>	<b>141 S E CALMOSA DR</b>	
<b>CITY-ST-ZIP</b>	<b>PORT SAINT LUCIE FL 34983</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Scott Ball</b>	
<b>STREET ADDRESS</b>	<b>845 E. 13th St.</b>	
<b>CITY-ST-ZIP</b>	<b>Stuart FL 34994</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>MARISSA Ball</b>	
<b>STREET ADDRESS</b>	<b>845 E. 13th St.</b>	
<b>CITY-ST-ZIP</b>	<b>Stuart FL 34994</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Dwayne Townsend</b>	
<b>STREET ADDRESS</b>	<b>4290 SE. Salerno Rd.</b>	
<b>CITY-ST-ZIP</b>	<b>Stuart FL 34997</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Brett Dubois</b>	
<b>STREET ADDRESS</b>	<b>1707 NE. Sottery Ave</b>	
<b>CITY-ST-ZIP</b>	<b>772 Jensen Bch. FL 34957</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Scott Ball* **REQUIRED**

2-12-03

772-286-5607

Date

Daytime Phone #

CR2E037 (10/02)