

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

FILED
May 02, 2003 8:00 am
Secretary of State

0096575

05-02-2003 90196 013 ****61.50

DOCUMENT # NO1000004160

1. Entity Name

MISSION CHURCH MINISTRIES, INC.



Principal Place of Business

**8875 55TH ST
PINELLAS PARK FL 33782**

Mailing Address

**8875 55TH ST
PINELLAS PARK FL 33782**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3724924**

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

**VERONA LAW GROUP PA
7235 FIRST AVE SO
ST PETERSBURG FL 33707**

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

TITLE **D** ☐ Delete
NAME **PERCIVAAL, KIM**
STREET ADDRESS **8875 55TH ST.**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DEMATOS, ANTHONY**
STREET ADDRESS **8806 HUNTSMAN LANE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CARO, CHET**
STREET ADDRESS **4158 96TH ST. N**
CITY-ST-ZIP **PINELLAS PARK FL 33783**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **VINCENT J. SCRUGI**
CITY-ST-ZIP **6399 17TH AVE. N.
ST. PETERSBURG FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: KIM PERCIVAL RECKIM PERCIVAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

727-542-9887

Daytime Phone #

CR2E037 (10/02)