

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

DOCUMENT # N01000004170

1. Entity Name

ARMS OF ACTZION MINISTRIES, INCORPORATED

04-28-2002 90602 001 ****61.25
 04-28-2002 90602 002 *****8.75

Principal Place of Business

Mailing Address

**3126 JENKS AVENUE
 PANAMA CITY FL 32405**

**3126 JENKS AVENUE
 PANAMA CITY FL 32405**

2. Principal Place of Business

3126 Jenks Ave

3. Mailing Address

3126 Jenks Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City, Fla.

City & State

Panama City, Florida

4. FEI Number

59-3755725

Applied For

Not Applicable

Zip

32405

Country

USA

Zip

32405

Country

USA

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

**BRAND, KAREN
 3126 JENKS AVENUE
 PANAMA CITY FL 32405**

Name *Same*

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.

SIGNATURE *Karen Brand*

*same registered agent
 Karen Brand*

4-17-

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P BRAND, KAREN**
 STREET ADDRESS **3126 JENKS AVENUE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V DERAMUS, ANTHONY**
 STREET ADDRESS **2910 HARRISON AVENUE, APT. J**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE Change Addition
 NAME *Anthony DeRamus*
 STREET ADDRESS *1000 Poston Rd*
 CITY-ST-ZIP *Panama City, Fla 32402*

TITLE Delete
 NAME **ST BRAND, HARVEY C**
 STREET ADDRESS **3126 JENKS AVENUE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
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TITLE Change 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: *Karen Brand*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 *850-785-5051*
 Date Daytime Phone #

CR2E037 (9/01)