

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

FILED
Aug 18, 2003 8:00 am
Secretary of State

7/11

07-17-2003 90032 049 ****61.25

DOCUMENT # N01000004237

1. Entity Name

THE NATIONAL ASSOCIATION FOR MULTHOUSING MINISTRIES & CONGREGATIONS, INC.



Principal Place of Business

4248 SWENSSON STREET
PORT CHARLOTTE FL 33948

Mailing Address

4248 SWENSSON STREET
PORT CHARLOTTE FL 33948

55054457

2. Principal Place of Business

2930 Flowers Rd

3. Mailing Address

2930 Flowers Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Atlanta

City & State

Atlanta

4. FEI Number **65-1100610**

Applied For

Not Applicable

Zip

30341

Country

Zip

30341

Country

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAUVAIS, GERALDINE
4248 SWENSSON STREET
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name

Linda Gregory

Street Address/PO Box

130 Garfield Road

City

Enterprise

FL

Zip Code
32725

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

Linda Gregory

8-9-03

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 NAME STREET ADDRESS CITY-ST-ZIP	TD WETTERER, JOYCE N 420 VIVAR NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILDER, DAWN SO BAPTIST MINISTRIES KANSAS CITY KS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BREWER, SCOTT 7600 FALLES OF THE NEUSE RD RALEIGH NC 27614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM JENKINS, DAN 102 E FLAMINGO DR CLARKSVILLE IN 47129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAUVAIS, GERALDINE 4248 SWENSSON ST PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary: Linda Gregory 130 Garfield Rd Enterprise, FL 32725	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Nedra Jackson POB Social Circle Social Circle, GA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC Advisor Jim Burgin Missouri Arlington Arlington, Tx	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC Greg Ford 709 Springfield Dale 709 Johnson Rd Springdale, AR 72764	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM-A Advisor Celeste Snyder Larry Thomas 3474 So. Meridian Wichita, KS 67217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES H. MILLERONS, JR 2930 Flowers Rd Atlanta, GA 30341	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vivian McCaughan (VPM) 120 Country Trace Ct St. Charles, Missouri 63304	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/03

Date

770-936 5228

Daytime Phone #

CR2E037 (10/02)



55054457

JUL 28 2003

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 21, 2003

THE NATIONAL ASSOCIATION FOR MULTIHousing MINISTRIES &
2930 FLOWERS RD
ATLANTA, GA 30341

Subject: THE NATIONAL ASSOCIATION FOR MULTIHousing MINISTRIES &

Reference Number: N01000004237

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION

① Same as an agent.

② Linda Gregory.

→ Eula Peterson