

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90131 016 ****75.00

DOCUMENT # N01000004849

1. Entity Name

4000 MINISTRY INC.

Principal Place of Business

Mailing Address

**1122 W ARCH ST
TAMPA FL 33607**

**1122 W ARCH ST
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

1122 W Arch St.

P.O. Box 4908

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL 33677-4908

4. FEI Number **59-3727968**

Applied For

Not Applicable

Zip

33607

Country

HILLS.

Zip

33677

Country

HILLS.

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

**HUNTER, CATHY
1122 W ARCH ST
TAMPA FL 33607**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HUNTER, CATHY E
1122 W ARCH ST
TAMPA FL 33607** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MORRISON, VERONICAY
1122 W ARCH ST
TAMPA FL 33607** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Delores Washington
1122 W. arch
Tampa FL 33607** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
RUSSELL, CARLA D
1122 W ARCH ST
TAMPA FL 33607** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

Cathy E Hunter

Cathy E Hunter 4/24/02 (813)253-2571

CR2E037 (9/01)