

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000005886

1. Entity Name

THE MINISTERIAL ASSOCIATION NETWORK OF FL, INC.

Principal Place of Business

1700 SUWANEE DRIVE
WEST PALM BEACH FL 33409

Mailing Address

1700 SUWANEE DRIVE
WEST PALM BEACH FL 33409

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

65-1143481

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

DOUGLAS, EUTACE
127 SYCAMORE DRIVE
ROYAL PALM BEACH FL 33411

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 PD
NAME DOUGLAS, EUSTACE
STREET ADDRESS 127 SYCAMORE DR
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

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

TITLE VD
NAME GRIFFITHS, EVADNEY
STREET ADDRESS 5409 HARRIET PL
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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

TITLE STD
NAME MCGEE-HILL, SHERRY
STREET ADDRESS 1722 SUWANEE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

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

TITLE STD
NAME WILLIAMS, ANGELA
STREET ADDRESS 4241 WAVERLY DR
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Sherry McGee Hill* / SHERRY MCGEE - HILL 4/15/02 561-471-9309

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90087 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)