

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90123 029 ****61.25

DOCUMENT # N01000005902

1. Entity Name

ONE SPIRIT MINISTRIES, INC.

Principal Place of Business

Mailing Address

**3305 PINEWALK DR N #103
MARGATE FL 33063**

**P.O.BOX 8575
CORAL SPRINGS FL 33075**

2. Principal Place of Business

3. Mailing Address

3485 PINEWALK DRIVE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 205

City & State

City & State

MARGATE, FL

Zip

Country

Zip

Country

33063

USA

4. FEI Number

65-1156227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANDELL, RILEY E
3305 PINEWALK DR N #103
MARGATE FL 33063**

Name

RILEY E. GRANDELL

Street Address (P.O. Box Number is Not Acceptable)

3485 PINEWALK DRIVE NORTH

SUITE 205

City

MARGATE

FL

Zip Code

33063

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 ☐ Delete
NAME **DP**
STREET ADDRESS **GRANDELL, RILEY E**
CITY-ST-ZIP **P.O.BOX 8585
CORAL SPRINGS FL 33075**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3485 PINEWALK DRIVE NORTH, SUITE 205**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARDING, N.R.**
CITY-ST-ZIP **13962 WINDJAMMER
CORPUS CHRISIT-TX 78418**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **FARGO, MARY**
CITY-ST-ZIP **3501 OLD MANSE CT
PLANO TX 75025**

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

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **GRANDELL, ANN J**
CITY-ST-ZIP **P.O.BOX 8575
CORAL SPRINGS FL 33075**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3485 PINEWALK DRIVE NORTH, SUITE 205**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GAUB, KEN**
CITY-ST-ZIP **P.O.BOX 1
YAKIMA WA 98907**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RILEY E. GRANDELL

Date

Daytime Phone #

4/16/02 941-839-3351

CR2E037 (9/01)