

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

DOCUMENT # NO1000007807

1. Entity Name

DAWN EZELLE MINISTRIES, INC.



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90133 044 \*\*\*\*61.25

Principal Place of Business

5310 CORONADO PKWY  
CAPE CORAL FL 33904

Mailing Address

5310 CORONADO PKWY  
CAPE CORAL FL 33904

11029605



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5310 CORONADO PKWY

Suite, Apt. #, etc.

3. Mailing Address

5310 CORONADO PKWY

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number 65-1154992

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SISSON, LARRY  
218 SOUTHERN COUNTRY LANE  
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name DAWN EZELLE  
Street Address (P.O. Box Number is Not Acceptable)  
5310 CORONADO  
City CAPE CORAL FL 33904

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

Dawn Ezelle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-2003

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME EZELLE, DAWN  
STREET ADDRESS 5310 CORONADO PKWY  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ Delete  
NAME GANT, IRIS  
STREET ADDRESS 5310 CORONADO PKWY  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ Delete  
NAME EZELLE, CHARLES  
STREET ADDRESS 5310 CORONADO PKWY  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☒ Delete  
NAME JANSEN, PAMELA  
STREET ADDRESS 2717 SW 23RD AVE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME EZELLE, DAWN  
STREET ADDRESS 5310 CORONADO PKWY  
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☐ Change ☒ Addition  
NAME GANT, IRIS  
STREET ADDRESS 5310 CORONADO PKWY  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ Change ☒ Addition  
NAME EZELLE, CHARLES  
STREET ADDRESS 5310 CORONADO PKWY  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ Change ☒ Addition  
NAME DR. MARGORIE WRIGHT  
STREET ADDRESS 2236 SW 2ND TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ Change ☒ Addition  
NAME PHYLLIS SARDI  
STREET ADDRESS 1002 SIE 31ST TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33904

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:

DAWN EZELLE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2003

Date

239-945-1515

Daytime Phone #

CR2E037 (10/02)