

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

DOCUMENT # *NO1000007932*

1. Entity Name

SIMPLY GOSPEL MINISTRIES, INC.



FILED

03 APR 18 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

447 COUNTRY OAKS DR. P.O. BOX ~~2126~~ 2121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANT CITY, FL.

City & State

PLANT CITY, FL.

4. FEI Number

59-3736158

Applied For

Not Applicable

Zip

Country

33665

HILLSBOROUGH

Zip

Country

33564

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FREDERICK A. TRUNK

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

447 COUNTRY OAKS DR.

P.O. BOX 2126

City

PLANT CITY

FL

Zip Code

33564-2126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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	<i>LOUISE SULLIVAN, TREASURER</i>
NAME	
STREET ADDRESS	<i>4402 CALHOUN ROAD</i>
CITY-ST-ZIP	<i>PLANT CITY, FL. 33567-1631</i>
TITLE	<i>WILLIAM D. CLARKE, DIRECTOR</i>
NAME	
STREET ADDRESS	<i>12409 KELSO ROAD</i>
CITY-ST-ZIP	<i>THONOTOSASSA, FL. 33592-2644</i>
TITLE	<i>DOROTHY Y. LAMB, DIRECTOR</i>
NAME	
STREET ADDRESS	<i>6106 LAWNWOOD DRIVE</i>
CITY-ST-ZIP	<i>DOVER, FL. 33527</i>
TITLE	<i>JOHNNIE JUNE CARTER, DIRECTOR</i>
NAME	
STREET ADDRESS	<i>6015 WILSHIRE DRIVE</i>
CITY-ST-ZIP	<i>TAMPA, FL. 33615-3431</i>
TITLE	<i>JAMES A. POWARD, DIRECTOR</i>
NAME	
STREET ADDRESS	<i>1103 S. EVERS ST.</i>
CITY-ST-ZIP	<i>PLANT CITY, FL. 33566-6519</i>
TITLE	<i>MARTORIE TRUNK</i>
NAME	
STREET ADDRESS	<i>P.O. BOX 2126</i>
CITY-ST-ZIP	<i>PLANT CITY, FL. 33564-2126</i>

TITLE	
NAME	
STREET ADDRESS	<i>400016230124</i>
CITY-ST-ZIP	<i>04/17/03--01097--017 **61.25</i>
TITLE	
NAME	
STREET ADDRESS	<i>400016230124</i>
CITY-ST-ZIP	<i>04/17/03--01097--018 **61.25</i>
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE

Frederick A. Trunk

March 5, 2003

813-719-9444

CR2E037B (12/02)