


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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90139 003 ****61.25

DOCUMENT # 1. Entity Name	N01000008185	
QUAN L. MILLER MINISTRIES		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4015 North US 1 North Suite, Apt. #, etc.	3. Mailing Address 4015 North US 1 North Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Cocoa, FL	City & State Cocoa, FL	4. FEI Number 59-3597418	Applied For Not Applicable
Zip 32927	Country USA	Zip 32927	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Quan L. Miller
Street Address (P.O. Box Number is Not Acceptable) 4015 North US 1 North
City Cocoa
FL Zip Code 32927

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  Quan L. Miller May 1, 2003
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 NAME STREET ADDRESS CITY-ST-ZIP	Quan L. Miller President/Trs 1438 Victoria Blvd Rockledge, FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Priscilla Miller-Jones Secty/Trs 5551 Spring Lake Terrace Boynton Bch, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aston D. Miller Treas/Trust 12964 75th Lane North West Palm Bch, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:  Quan L. Miller 5-1-03 (321) 693-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)