

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008381

1. Entity Name

FIELD OF SOULS MINISTRIES, INC.

Principal Place of Business

29872 70TH ST. N.
CLEARWATER FL 33761

Mailing Address

29872 70TH ST. N.
CLEARWATER FL 33761

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

01-0551218

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ARNOLD B.
29872 70TH ST. N.
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

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 DP
NAME WILLIAMS, ARNOLD
STREET ADDRESS 29872 70TH ST. N.
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE D
NAME NANCY HARDT
STREET ADDRESS 14801 SUGAR CANE WAY
CITY-ST-ZIP CLEARWATER, FL. 33760 ☐ Change ☒ Addition

TITLE DV
NAME BOYCE, RON
STREET ADDRESS 344 APPALOOSA RD.
CITY-ST-ZIP TARPON SPRINGS FL 34688 ☐ Delete

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

TITLE DT
NAME DANIELS, GILBERT
STREET ADDRESS 4132 BOYD LN.
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete

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

TITLE DS
NAME TALLEY, VENNIE
STREET ADDRESS 15556 VERONA AVE., APT. B
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

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

TITLE D
NAME ROBINSON, EDDIE
STREET ADDRESS 1591 21ST S. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ Delete

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

TITLE D
NAME SWEET, ANGELA
STREET ADDRESS 2560 54 AVE. S.
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☒ Delete

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

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: *Res. Signature: B. Williams, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 727-786-9414

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91387 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)