

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90040 036 \*\*\*\*61.25

0001214

DOCUMENT # N01000008815

1. Entity Name

STABLE MINISTRIES, INC.

Principal Place of Business

7380 SAND LAKE ROAD STE 500  
ORLANDO FL 32819

Mailing Address

P O BOX 2375  
GOLDENROD FL 32733-2375

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

56-226213P  
62-186195

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

REICHERT, CARLTON R  
7380 SAND LAKE ROAD STE 500  
ORLANDO FL 32819

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 NAME	D FISH, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	14781 HARTFORD RUN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE NAME	PD EDWARDS, DUANE	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 1963	
CITY-ST-ZIP	ROBBINSVILLE NC 28771	
TITLE NAME	SD KLINE, AARON	<input type="checkbox"/> Delete
STREET ADDRESS	2642 LITTLE HILL COVE APT 314	
CITY-ST-ZIP	ROBBINSVILLE NC 28771	
TITLE NAME	D RABURN, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	2584 LAKE HOWELL LANE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE NAME	D REICHERT, CARLTON R	<input type="checkbox"/> Delete
STREET ADDRESS	7380 SAND LAKE ROAD STE 500	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	TD SZYMANSKI, JANICE	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 2375	
CITY-ST-ZIP	GOLDENROD FL 32733-2375	

TITLE NAME	D Cooksey, Lee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	713 Fox Valley Drive	
CITY-ST-ZIP	Longwood FL 32779	
TITLE NAME	PD Edwards, Duane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2233 Fort Lane Road	
CITY-ST-ZIP	Geneva FL 32732	
TITLE NAME	SD Kline, Aaron	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	568 Southern Charm Drive	
CITY-ST-ZIP	Orlando FL 32807	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

*Carlton R. Reichert*  
DIRECTOR

4/11/02

407-894-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)