

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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90124 010 \*\*\*\*61.25

**DOCUMENT # N01000008866**

1. Entity Name

**BLUESKY MINISTRIES, INC.**



Principal Place of Business

**934 N MAGNOLIA AVENUE  
#302  
ORLANDO FL 32803**

Mailing Address

**934 N MAGNOLIA AVENUE  
#302  
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **06-1636880**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TREMAIN, MICHAEL E  
1011 PARK LAKE STREET  
ORLANDO FL 32803**

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. 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

**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 **PSTC** ☐ Delete  
NAME **TREMAIN, MICHAEL E**  
STREET ADDRESS **1011 PARK LAKE STREET**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **ED** ☐ Delete  
NAME **OWENS, WILLIAM D IV**  
STREET ADDRESS **61 LAKE FORREST LANE**  
CITY-ST-ZIP **ATLANTA GA 30342**

TITLE **D** ☐ Delete  
NAME **DAVIES, OWENS W**  
STREET ADDRESS **61 LAKE FORREST LANE**  
CITY-ST-ZIP **ATLANTA GA 30342**

TITLE **D** ☐ Delete  
NAME **SHELTER, BOB DR**  
STREET ADDRESS **106 EAST CHURCH ST**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete  
NAME **BARBER, DON REV**  
STREET ADDRESS **3434 ROSWELL RD NW**  
CITY-ST-ZIP **ATLANTA GA 30305**

TITLE **D** ☐ Delete  
NAME **MCCARTHY, KEVIN**  
STREET ADDRESS **PO BOX 1568**  
CITY-ST-ZIP **WINTER PARK FL 32790-1568**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED** *Michael E. Tremain* 1/21/03 407/4474747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)