

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90448 021 ****70.00

DOCUMENT # N01000008986

1. Entity Name
BILL STANLEY MINISTRIES, INC.



Principal Place of Business
**4050 LAKE WASHINGTON ROAD
MELBOURNE FL 32934**

Mailing Address
**4050 LAKE WASHINGTON ROAD
MELBOURNE FL 32934**



2. Principal Place of Business
649 Sioux Ave
Suite, Apt. #, etc.

3. Mailing Address
649 Sioux Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Melbourne FL
Zip
32935
Country
USA

City & State
Melbourne, FL
Zip
32935
Country
USA

4. FEI Number **NOT APPLICABLE** ☒ Applied For
11-3666154 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STANLEY, WILLIAM L
4050 LAKE WASHINGTON ROAD
MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

Name **Stanley, William L**
Street Address (P.O. Box Number is Not Acceptable)
649 Sioux Ave
~~Melbourne FL 329~~
City **Melbourne FL FL** Zip Code **32935**

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 **William L. Stanley** **William L. Stanley (President)** **4-19-03**
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 NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WALTER L 7 ALMOND TRAIL LANE OCALA FL 34772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGLOTHLIN, JAMES C 2825 LEXINGTON ROAD, BOX 1221 LOUISVILLE KY 40280	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, CHRIS 809 DEXTER STREET DOTHAN AL 36301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANLEY, WILLIAM L 4050 LAKE WASHINGTON ROAD MELBOURNE FL 32934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANLEY, DENA K 4050 LAKE WASHINGTON ROAD MELBOURNE FL 32934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, MARGARET H 7 ALMOND-TRAIL LANE OCALA FL 34772	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William L. Stanley 649 Sioux Ave Melbourne FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stanley, Dena K 649 Sioux Ave Melbourne, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **William L. Stanley** **4-19-03**

CR2E037 (10/02)