

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

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

02-21-2003 90230 036 ****70.00

DOCUMENT # N01000008996

1. Entity Name
EAGLE ROCK MINISTRIES, INC.



Principal Place of Business
**10279 FRONT BEACH RD
PANAMA CITY BEACH FL 32408**

Mailing Address
**PO BOX 27
FORSYTH GA 31029**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

8733 N. Lagoon DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
(8733)

City & State

Panama City Beach FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip
32408

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**COLLINS, CHARLES E
10279 FRONT BEACH RD
PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent

Name: **Charles E. Collins**
Street Address (P.O. Box Number is Not Acceptable): **8733 North Lagoon Dr.**
City: **Panama City Beach FL** Zip Code: **32408**

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: **Charles E. Collins**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **Feb. 10, 2003**

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	PTD COLLINS, CHARLES E 10279 FRONT BEACH RD PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COLLINS, E. DENISE 10279 FRONT BEACH RD PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUMAKER, CLAUDIA C 1938 QUAIL RUN LYNN HAVEN FL 32444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CAROL J 8733 N LAGOON DR PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Charles E. Collins 8733 North Lagoon Dr. Panama City Beach FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS D Collins, E. Denise 8733 North Lagoon Dr. Panama City Beach FL 32408	<input checked="" 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		<input 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: **Charles E. Collins** **Feb. 10, 2003** **478 394-2363**

CR2E037 (10/02)