

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90143 018 ****61.25

DOCUMENT # N02000002207

1. Entity Name

AARON ODOM MINISTRIES, INC.



Principal Place of Business

704 CENTRAL AVENUE
ELLENTON FL 34222

Mailing Address

704 CENTRAL AVENUE
ELLENTON FL 34222

2. Principal Place of Business

702 51st St. E

3. Mailing Address

PO Box 1592

Suite, Apt. #, etc.

Apt. 1127 A

Suite, Apt. #, etc.

Apt. 11

City & State

Bradenton, FL

City & State

Palmetto, FL

Zip

34208

Country

U.S.

Zip

34220

Country

U.S.

4. FEI Number

01-0649381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ODOM, AARON
704 CENTRAL AVENUE
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name Aaron Odom

Street Address (P.O. Box Number is Not Acceptable)

702 51st St. E

Apt. 1127 A

City Bradenton, FL

FL

Zip Code 34208

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

February 22, 2003

FILE NOW: FEE IS \$1.25

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	PD	<input type="checkbox"/> Delete
NAME	ODOM, AARON	
STREET ADDRESS	704 CENTRAL AVENUE	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CULPEPPER, ANELA	
STREET ADDRESS	4925 70TH STREET E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MULLIS, JUDY	
STREET ADDRESS	6221 28TH AVENUE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, PATTY	
STREET ADDRESS	POST OFFICE BOX 906	
CITY-ST-ZIP	PALMETTO FL 34220	
TITLE	Employee	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, AARON	
STREET ADDRESS	702 51st St. E	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 22 2003 (941) 448-1084

CR2E037 (10/02)