

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90139 007 ****61.25

DOCUMENT # N02000002536

1. Entity Name

AT-ONE-MENT MINISTRIES, INC.



Principal Place of Business

**5122 CORVETTE DR.
TAMPA FL 33624**

Mailing Address

**5122 CORVETTE DR.
TAMPA FL 33624**

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

47-0856452

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

**WASHINGTON, BARBARA G
5122 CORVETTE DR.
TAMPA FL 33624**

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	PD	<input type="checkbox"/> Delete
NAME	WASHINGTON, BARBARA G	
STREET ADDRESS	5122 CORVETTE DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS-JOHN, KRISTEN	
STREET ADDRESS	6714 JOSIE DR.	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, LOUISE	
STREET ADDRESS	11914 WEST SR 235	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Singletary	
STREET ADDRESS	105 Caldwell Ct	
CITY-ST-ZIP	Leesburg, GA 31763	
TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHANIEL E. MATTOX	
STREET ADDRESS	8137 PHILATELIC DRIVE	
CITY-ST-ZIP	SPRING HILL, FL. 34606-6715	
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: *Barbara G. Washington* 4/29/03 (813)837-4515 x2091

CR2E037 (10/02)