

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90244 021 \*\*\*\*70.00

**DOCUMENT # N02000003568**

1. Entity Name

**LAUNCH PAD ONE MINISTRIES, INC.**



Principal Place of Business

**4272 BERKSHIRE DR.  
SARASOTA FL 34241**

Mailing Address

**4272 BERKSHIRE DR.  
SARASOTA FL 34241**

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

**04-3662018**

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

**KNIGHT, STEVEN A  
4272 BERKSHIRE DR.  
SARASOTA FL 34241**

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 NAME ☐ Delete  
**P KNIGHT, STEVEN**  
STREET ADDRESS **4272 BERKSHIRE DR.**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE NAME ☐ Delete  
**V KNIGHT, VICKI**  
STREET ADDRESS **4272 BERKSHIRE DR.**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE NAME ☒ Delete  
**D MOORE, ARLENE**  
STREET ADDRESS **955 53RD ST E, APT #1432**  
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE NAME ☒ Delete  
**D CAREY, RICHARD E**  
STREET ADDRESS **731 GRAND CANYON DR.**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE NAME ☒ Delete  
**D WILSON, RICHARD C**  
STREET ADDRESS **231 N. DOVER RD.**  
CITY-ST-ZIP **DOVER FL 33527**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition  
**D Grant Gomez**  
STREET ADDRESS **530 South Davis St.**  
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE NAME ☐ Change ☒ Addition  
**D Freda Gomez**  
STREET ADDRESS **530 South Davis St.**  
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE NAME ☐ Change ☒ Addition  
**D Bertilla Sciandra**  
STREET ADDRESS **5401 Bentgrass Dr., Apt. #101**  
CITY-ST-ZIP **Sarasota, FL 34230**

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

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

TITLE NAME ☐ Change ☐ Addition  
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: *Steven Knight* April 20, 2003 941-343-0704**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)