

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-07-2003 90028 021 ***61.25

DOCUMENT # N02000004088

1. Entry Name

GOD'S MESSENGERS IN MINISTRY, INC.



Principal Place of Business

**9442 SW 174 LOOP
SUMMERFIELD FL 34491-6457**

Mailing Address

**9442 SW 174 LOOP
SUMMERFIELD FL 34491-6457**

55002510

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

02-0613942

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

BENEDICT, WILLARD R

**9442 SW 174 LOOP
SUMMERFIELD FL 34491-6457**

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 **P** ☐ Delete
NAME **BENEDICT, WILLARD R "D"**
STREET ADDRESS **9442 SE 174 LOOP**
CITY-ST-ZIP **SUMMERFIELD FL 34491-6457**

TITLE **S** ☐ Delete
NAME **BENEDICT, DONNA A**
STREET ADDRESS **9442 SE 174 LOOP**
CITY-ST-ZIP **SUMMERFIELD FL 34491-6457**

TITLE ☐ Delete
NAME **Trustee**
STREET ADDRESS **Glenn A. Dixon "T"**
CITY-ST-ZIP **745 Palma Drive, Lady Lake, FL 32159**

TITLE ☐ Delete
NAME **Trustee**
STREET ADDRESS **David E. Short "T"**
CITY-ST-ZIP **2239 NW 21st Avenue
Gainesville, FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Willard R. Benedict, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

DATE

352-245-7791

DAYTIME PHONE #

CR2E037 (10/02)