

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

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90021 008 ****61.25

DOCUMENT # N02000004428

1. Entity Name

CZERNOWSKI MINISTRIES, INC.



Principal Place of Business

**50 AKRON RD
LAKE WORTH FL 33467**

Mailing Address

**50 AKRON RD
LAKE WORTH FL 33467**

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

50-0003905

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

7. Name and Address of New Registered Agent

**CZERNOWSKI, JEAN P
50 AKRON RD
LAKE WORTH FL 33467**

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

After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPT** ☐ Delete
NAME **CZERNOWSKI, JEAN P**
STREET ADDRESS **50 AKRON RD**
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE **DV** ☐ Delete
NAME **ENOCHS, LAWRENCE**
STREET ADDRESS **1189 SUNSET RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **DV** ☒ Change ☐ Addition
NAME **CONNIE ENOCHS**
STREET ADDRESS **1189 SUNSET RD.**
CITY-ST-ZIP **WEST PALM BEACH FL. 33406**

TITLE **DS** ☐ Delete
NAME **GLOYD, ROBERT**
STREET ADDRESS **5073 CHERYL LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED CZERNOWSKI

9/13/03 561-965-7739

CR2E037 (4/03)

Attachment

80148842
#N102000004428

TO WHOM IT MAY CONCERN
THIS PAYMENT MAY
BE A FEW DAY'S DATE AS
MY WIFE IS ILL WITH
CANCER & WE JUST GOT
BACK HOME AS SHE IS
UNDERGOING TREATMENT.
THANK YOU FOR YOUR
UNDERSTANDING. A WOMAN
I CALLED ASKED ME TO
SEND A NOTE.

THANK YOU &
GOD BLESS

James L. G. 1.
B. 1999 C2FANOWH