

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

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90146 010 \*\*\*\*70.00

**DOCUMENT # NO2000007442**

1. Entity Name

**GROUND BREAKERS WOMEN MINISTERS ASSOCIATION, INC**



Principal Place of Business

**4636 SOUTH MOON TRAIL  
PORT ORANGE FL 32129**

Mailing Address

**4636 SOUTH MOON TRAIL  
PORT ORANGE FL 32129**

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

**59-3526922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCELVEEN, BELINDA**

**4636 SOUTH MOON TRAIL  
PORT ORANGE FL 32129**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** ☐ Delete  
NAME: **MCELVEEN, BELINDA PASTOR**  
STREET ADDRESS: **4636 SOUTH MOON TRAIL**  
CITY-ST-ZIP: **PORT ORANGE FL 32129**

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

TITLE: **VPD** ☐ Delete  
NAME: **PLUMP, BETTY PASTOR**  
STREET ADDRESS: **320 S. CAROLINE STREET**  
CITY-ST-ZIP: **DAYTONA BEACH FL 32114**

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

TITLE: **VD** ☐ Delete  
NAME: **RIDDICK, LEAH C**  
STREET ADDRESS: **1059 MASON AVENUE**  
CITY-ST-ZIP: **DAYTONA BEACH FL 32114**

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

TITLE: **SD** ☐ Delete  
NAME: **FUQUA, MURIEL**  
STREET ADDRESS: **412 ARLETHA DRIVE**  
CITY-ST-ZIP: **DAYTONA BEACH FL 32114**

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

TITLE: **SD** ☐ Delete  
NAME: **STAFFORD, INEZ**  
STREET ADDRESS: **1048 AUDRY DRIVE**  
CITY-ST-ZIP: **DAYTONA BEACH FL 32114**

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

TITLE: **D** ☐ Delete  
NAME: **MITCHELL, PAULINE PASTOR**  
STREET ADDRESS: **12 BRIDGEHAVEN DRIVE**  
CITY-ST-ZIP: **PALM COAST FL 32137**

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

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: *Belinda A. McElveen* 5/20/03 (386) 383-6898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)