

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90722 005 ****61.25

DOCUMENT # N02000007513

1. Entity Name

OMEGA FORCE MINISTRIES, INC.



Principal Place of Business

**3014 MIDWAY ROAD
PLANT CITY FL 33565**

Mailing Address

**3014 MIDWAY ROAD
PLANT CITY FL 33565**

2. Principal Place of Business

P.O. Box 5191
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5191
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33860

Country

U.S.A.

Zip

33860

Country

U.S.A.

4. FEI Number

27-0036234

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

**WILKES, MARK
3014 MIDWAY ROAD
PLANT CITY FL 33565**

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	D	<input type="checkbox"/> Delete
NAME	WILKES, MARK	
STREET ADDRESS	3014 MIDWAY ROAD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILAM, GEORGE	
STREET ADDRESS	201 MAGANOLIA LOOP	
CITY-ST-ZIP	MILLBROOK AL 36054	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOPSON, MATT	
STREET ADDRESS	32 ST. VIEW COURT	
CITY-ST-ZIP	MILLBROOK AL 36054	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, CRAIG	
STREET ADDRESS	1112 EMORY PLACE	
CITY-ST-ZIP	ANNISTON AL 36207	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKES, JIM	
STREET ADDRESS	2839 BLUSH DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKES, MARK	
STREET ADDRESS	2209 Blackwood Dr	
CITY-ST-ZIP	Mulberry, FL 33860	
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		
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:

SIGNATURE REQUIRED

4-27-03

813-477-8403

CR2E037 (10/02)