

FILED

Jun 16, 2003 8:00 am
Secretary of State

05-19-2003 90229 040 ****61.25

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

DOCUMENT # N02000007601

1. Entity Name

PENIEL FELLOWSHIP MINISTRIES INC.



Principal Place of Business

100 E. WOODWARD ST.
APT. 10
LEESBURG FL 34748
US

Mailing Address

100 E. WOODWARD ST.
APT. 10
LEESBURG FL 34748
US

2. Principal Place of Business

514 E. Main St.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

55048515

City & State

Leesburg FL

City & State

Zip Country

34748

USA

4. FEI Number

74-3063881

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, RAYMOND B
100 E. WOODWARD ST.
APT. 10
LEESBURG FL 34748

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

Raymond B Green

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing:
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPP/D
GREEN, RAYMOND B
100 E. WOODWARD ST. APT. 10
LEESBURG FL 34748☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVP/D
JAMES, ANTHONY K
100 E. WOODWARD ST. APT. 10
LEESBURG FL 34748☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPS/D
DIXON, CHARLENE M
1845 VEECH ROAD
LEESBURG FL 34748☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Raymond B Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

(352) 787-5902

Daytime Phone #

CR2E037 (10/02)