

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

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

05-05-2003 90281 040 ****61.25

DOCUMENT # N02000007757

1. Entity Name
CASON MCCLAIN GOSPEL PROMOTIONS, INC.



Principal Place of Business

**197 GARY AVE.
OAK HILL FL 32759**

Mailing Address

**197 GARY AVE.
OAK HILL FL 32759**

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

56-2297097

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

**GORNT0, BRADFORD B
149 S. RIDGEWOOD AVE., SUITE 550
DAYTONA BCH FL 32114**

7. Name and Address of New Registered Agent

Name **CASON C. MCCLAIN**

Street Address (P.O. Box Number is Not Acceptable)

197 GARY AVE.

City **OAK HILL**

FL

Zip Code **32759**

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 **Cason C. McClain**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

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** ☐ Delete
NAME **MCCLAIN, CASON**
STREET ADDRESS **197 GARY AVE.**
CITY-ST-ZIP **OAK HILL FL 32759**

TITLE **D** ☐ Delete
NAME **MCCLAIN, JESSIE H**
STREET ADDRESS **197 GARY AVE.**
CITY-ST-ZIP **OAK HILL FL 32759**

TITLE **D** ☐ Delete
NAME **EVANS, RHONDA D**
STREET ADDRESS **2744 UMBRELLA TREE DR.**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **D** ☒ Delete
NAME **MILLER, DAVID L**
STREET ADDRESS **136 VIA CAPRI**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

TITLE **D** ☒ Delete
NAME **MILLER, RANDY**
STREET ADDRESS **1767 LEE RD. 375**
CITY-ST-ZIP **VALLEY AL 36854**

TITLE **D** ☒ Delete
NAME **NEAL, HAYWOOD**
STREET ADDRESS **221 WOLFS THICK RD.**
CITY-ST-ZIP **CORDELE GA 31015**

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
NAME
STREET ADDRESS
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NAME
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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: **Cason C. McClain**

4-30-03 386-345-0237

CR2E037 (10/02)