

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

1/97

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

01-09-2003 90075 029 ****61.25
02-05-2003 90123 015 ****8.75

DOCUMENT # N02000008476

1. Entity Name
VOLUNTEER MINISTERS HEADQUARTERS, INC.



Principal Place of Business

**902 PLAZA ST
CLEARWATER FL 33755**

Mailing Address

**902 PLAZA ST
CLEARWATER FL 33755**

2. Principal Place of Business

**411 CLEVELAND ST. PMB 159
Suite, Apt. #, etc.**

3. Mailing Address

**411 CLEVELAND ST. PMB 159
Suite, Apt. #, etc.**

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33755-4004

Country

USA

Zip

33755-4004

Country

USA

4. FEI Number

33-1030727

Applied For

☒ Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FINLEY, MICHAEL
902 PLAZA ST
CLEARWATER FL 33755**

Name

FAGERMAN, JUDY

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

447 GRANT ST.

City

Clearwater, FL

FL

Zip Code

34698

7. Name and Address of New Registered Agent

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 **Judy Fagerman**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

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	P	<input checked="" type="checkbox"/> Delete
NAME	RICH, ARLENE	
STREET ADDRESS	902 PLAZA ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	S	<input type="checkbox"/> Delete
NAME	FAGERMAN, JUDY	
STREET ADDRESS	902 PLAZA ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FINLEY, MICHAEL	
STREET ADDRESS	902 PLAZA ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	JUDY FAGERMAN	
STREET ADDRESS	411 CLEVELAND ST. PMB 159	
CITY-ST-ZIP	CLEARWATER, FL 33755-4004	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA KAYATEPE	
STREET ADDRESS	411 CLEVELAND ST. PMB 159	
CITY-ST-ZIP	CLEARWATER, FL 33755-4004	
TITLE	EDILIA GLENSKI	<input checked="" type="checkbox"/> Delete
NAME	EDILIA GLENSKI	
STREET ADDRESS	411 CLEVELAND ST. PMB 159	
CITY-ST-ZIP	CLEARWATER, FL 33755-4004	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick LUEFAN	
STREET ADDRESS	411 CLEVELAND ST. PMB 159	
CITY-ST-ZIP	CLEARWATER FL 33755-4004	
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: **Judy Fagerman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 6, 2003 410-6921

CR2E037 (10/02)