

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

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90072 011 ****61.25

DOCUMENT # N02000009237

1. Entity Name

MONTENEGRO MINISTRIES, INC.



Principal Place of Business

**6574 SW 62ND COURT
OCALA FL 34474**

Mailing Address

**6574 SW 62ND COURT
OCALA FL 34474**

2. Principal Place of Business

P.O. Box 772904

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 772904

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
OCALA, FL

Zip
34477

Country
USA

City & State
OCALA, FL

Zip
34477

Country
USA

4. FEI Number

38-3666276

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONTENEGRO, GERARD M SR.
6574 SW 62ND COURT
OCALA FL 34474**

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

After September 10, 2003, min will be \$236.25

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 **P** ☐ Delete
NAME **MONTENEGRO, GERARD M**
STREET ADDRESS **6574 SW 62ND COURT**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE **S** ☐ Delete
NAME **MONTENEGRO, ROLANDA D**
STREET ADDRESS **6574 SW 62ND COURT**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE **T** ☐ Delete
NAME **GILLIGAN, TIMOTHY L SR.**
STREET ADDRESS **4718 SW 1ST AVENUE**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE **T** ☐ Delete
NAME **KELLY, CHARLANA**
STREET ADDRESS **PO BOX 1221**
CITY-ST-ZIP **ANTHONY FL 32617**

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

TITLE **T** ☐ Delete
NAME **HART, MARK III**
STREET ADDRESS **11030 SW 27TH AVENUE**
CITY-ST-ZIP **OCALA FL 34476**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**

8/11/03

352-861-8761

CR2E037 (4/03)