

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02179

1. Entity Name

RALPH ROBERTS MISSIONS, INCORPORATED

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90129 048 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 462
MILTON FL 32572
US

P.O. BOX 462
MILTON FL 32572-0462
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIVERS, TILDON L JR
4381 STEPHENS RD
PACE FL 32571

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ROBERTS, REV. RALPH D.
STREET ADDRESS 4496 ARCADIA ST
CITY-ST-ZIP MILTON FL

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

TITLE VD ☐ Delete
NAME CHIVERS, TILDON L, JR.
STREET ADDRESS 4381 STEPHENS RD
CITY-ST-ZIP PACE FL

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

TITLE D ☐ Delete
NAME ADAMS, ELOISE
STREET ADDRESS RT 2,
CITY-ST-ZIP LAUREL HILL FL

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

TITLE D ☐ Delete
NAME CLARY, MICHAEL J.
STREET ADDRESS P.O. BOX 1026 N/A
CITY-ST-ZIP DESTIN FL

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

TITLE DST ☐ Delete
NAME GOODSON, BOBBY
STREET ADDRESS 5470 PINECREST RD
CITY-ST-ZIP ELMORE AL

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: Ralph Roberts, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 2000 (850) 983-6400
Date Daytime Phone #

CR2E037 (9/99)