

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000007563

1. Entity Name

UNITED MINISTRIES, INC.



Principal Place of Business

707 59TH TERR E
BRADENTON FL 34203

Mailing Address

707 59TH TERR E
BRADENTON FL 34203

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

73-1678161

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JACKIE L SR.
707 59TH TERR E
BRADENTON FL 34203

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
Due By May 1, 2005

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 DP
NAME PERKINS, STUNFORD
STREET ADDRESS 1348 32ND ST
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE DV
NAME HUNT, ROBERT JR.
STREET ADDRESS 3409 5TH DR W
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE DS
NAME DAVIS, JACKIE L SR.
STREET ADDRESS 707 59TH TERR E
CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete

TITLE DT
NAME SIMON, LOUIS T
STREET ADDRESS 309 16TH ST W
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
U000000356518
05/04/05-80037-016 70.00

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

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

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TITLE
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)(f), 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:

Jackie L. Davis Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

Date

(941) 752-3498

Daytime Phone #