

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90016 032 \*\*\*\*70.00

**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 - No P.O. Box #

707 59TH TERR, East

3. Mailing Address

707 59TH TERR, East

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/07)

City & State

Bradenton, FLA.

City & State

Bradenton, FLA.

4. FEI Number

73-1678161

Applied For  
Not Applicable

Zip

34203

Country

USA

Zip

34203

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMON, LOUIS T  
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

Louis J. Simon

3/11/08

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, 2008**

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	VP	<input checked="" type="checkbox"/> Delete
NAME	PERKINS, STANFORD	
STREET ADDRESS	1348 32ND ST.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIMON, LOUIS T	
STREET ADDRESS	309 16TH ST. W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, LEATHER S	
STREET ADDRESS	707 59TH TERR E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERKINS, THERESA	
STREET ADDRESS	1348 32ND ST.	
CITY-ST-ZIP	SARASOTA FL 34234	
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	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE L DAVIS JR	
STREET ADDRESS	707 59TH TERR, EAST	
CITY-ST-ZIP	BRADENTON, FLA. 34203	
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		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darrell Johnson	
STREET ADDRESS	5446 Fountain Lake Circle #205	
CITY-ST-ZIP	BRADENTON, FLA 34203	
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 exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR