

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90055 017 ****61.25

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

DOCUMENT # N04575

1. Entity Name
Effectiveness Ministries Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

206 S. OCCIDENT ST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 25936

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-2628977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MOORE, ROBERT B

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

206 S. OCCIDENT ST

City

Tampa

FL

Zip Code

33609

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

FEE IS \$61.25
Initial or Amended UBR


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

TITLE	PD
NAME	MOORE ROBERT B
STREET ADDRESS	206 S OCCIDENT ST
CITY-STATE-ZIP	Tampa FL 33609
TITLE	MOORE PAUL
NAME	29034 LANDBRIDGE ST
STREET ADDRESS	WESLEY CHAPEL FL 33543
CITY-STATE-ZIP	
TITLE	SD
NAME	GOUGH K
STREET ADDRESS	11221 WHEATING DR
CITY-STATE-ZIP	Tampa FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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 on an attachment with an address, with all other duly empowered.

SIGNATURE: Robert B. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #