

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90004 014 ****61.25

0024439

DOCUMENT # N04599

1. Entity Name

EKKLESIA MINISTRIES, INC.

Principal Place of Business

**4525 APOLLO RD
TITUSVILLE FL 32780**

Mailing Address

**4525 APOLLO RD
TITUSVILLE FL 32780**

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

59-2437788

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANERS, DOUGLAS
2560 DEMARET DRIVE
TITUSVILLE FL 32780**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MANERS, DOUGLAS	
STREET ADDRESS	2560 DEMARET DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	VDT	<input type="checkbox"/> Delete
NAME	MANERS, JUDITH	
STREET ADDRESS	2560 DEMARET DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	STD	<input type="checkbox"/> Delete
NAME	HARTHERN, ROY	
STREET ADDRESS	1626 MAJESTIC OAKS	
CITY-ST-ZIP	APOPKA FL 32712	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 empowerments.

SIGNATURE:

Douglas A. Maners / **Douglas A. Maners** / 5-29-01 / 321-267-069

CR2E037 (10/00)