

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

0013792

DOCUMENT # N06488

1. Entity Name

PAUL CARMICHAEL CHRISTIAN MINISTRY ASSOCIATION,

03-14-2001 90491 010 ****61.25

Principal Place of Business

% MINNIE SAULS CARMICHAEL
 1821 TWELVE OAKS LANE WEST
 NEPTUNE BEACH FL 32266-3109

Mailing Address

1821 TWELVE OAKS LANE
 1821 TWELVE OAKS LANE WEST
 NEPTUNE BEACH FL 32266
 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

59-2480894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARMICHAEL, MINNIE SAULS
1821 TWELVE OAKS LANE WEST
NEPTUNE BEACH FL 32266

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.

(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

TITLE **PD** ☐ Delete
 NAME **CARMICHAEL, PAUL D. JR.**
 STREET ADDRESS **1821 TWELVE OAKS LANE W**
 CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE **STD** ☐ Delete
 NAME **CARMICHAEL, MINNIE SAULS**
 STREET ADDRESS **1821 TWELVE OAKS LANE W**
 CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE **VD** ☐ Delete
 NAME **BLOUNT, MARY A FENDER**
 STREET ADDRESS **4800 SHORE DR**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: *Paul D. Carmichael, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2001 904-241-2974

Date

Daytime Phone #

CR2E037 (10/00)