

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N08137**

1. Entity Name

CLARENCE M. YATES MINISTRIES, INC.

Principal Place of Business

**400 SOUTH DEERWOOD AVENUE
ORLANDO FL 32825**

Mailing Address

**400 SOUTH DEERWOOD AVENUE
ORLANDO FL 32825**

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

59-2530526

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YATES, CLARENCE M.
400 DEERWOOD AVENUE
ORLANDO FL 32825**

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	VP	<input type="checkbox"/> Delete
NAME	YATES, CHARLOTTE M	
STREET ADDRESS	400 DEERWOOD AVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	CD	<input type="checkbox"/> Delete
NAME	TAYLOR, KEITH	
STREET ADDRESS	3621 NORTHGLENN DR	
CITY-ST-ZIP	ORLANDO FL 32806-7059	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRACE, PHILIP	
STREET ADDRESS	1850 LEE RD.-SUITE 115	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	LANDRY, MACK	
STREET ADDRESS	200 SPRING RUN CIR	
CITY-ST-ZIP	LONGWOOD FL 32779-4971	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, TOM	
STREET ADDRESS	700 WESLEYAN DR	
CITY-ST-ZIP	MACON GA 31210	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLURAFF, JAMES	
STREET ADDRESS	1802 LAKE GROVE LANE	
CITY-ST-ZIP	ORLANDO FL 32806	

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		
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte M. Yates 1-10-01

Date

Daytime Phone #

407-273-0236

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90039 008 ****61.25

604693

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)