

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 11, 2002 8:00 am**
Secretary of State

02-11-2002 90022 031 ****61.25

DOCUMENT # N15511

1. Entity Name

MEYER FAMILY MINISTRIES, INC.

Principal Place of Business

**% GERALD R. MEYER
2641 BRITANNIA RD.
SARASOTA FL 34231**

Mailing Address

**% GERALD R. MEYER
2641 BRITANNIA RD.
SARASOTA FL 34231**

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

65-0033622

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

**MEYER, GERALD R.
2641 BRITANNIA RD.
SARASOTA FL 34231**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEYER, GERALD R.	
STREET ADDRESS	2641 BRITANNIA RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MEYER, PATRICIA L.	
STREET ADDRESS	2641 BRITANNIA RD.	
CITY-ST-ZIP	SARASOTA FL	
NAME	MEYER, TIMOTHY J	<input type="checkbox"/> Delete
STREET ADDRESS	5341 CASTLEMON DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNNIFORD, J. THEODORE	
STREET ADDRESS	3402 BAY ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, CHARLES R.	
STREET ADDRESS	5003 WINFORD CT	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	KATHLEEN HANFORD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 8	
STREET ADDRESS	OAKMAN, GA 30732	
CITY-ST-ZIP		
TITLE	MARK S. MEYER D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1875 HAUCK ST.	
STREET ADDRESS	ERIE, CO 80516	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/25/02 941 927-1463
Date Daytime Phone #