

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-01-2002 90165 013 ****61.25

DOCUMENT # N18266

1. Entity Name

MUSTARD SEED MINISTRIES OF FORT PIERCE, INC.

Principal Place of Business

Mailing Address

706 N 7TH STREET
 FT. PIERCE FL 34950
 US

P.O. BOX 3612
 FORT PIERCE FL 34948
 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

65-0017366

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

Name

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

City

FL

Zip Code

JUNKER, CARL REV.
706 N 7TH STREET
FT. PIERCE FL 34950

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DONOVAN, KATHLEEN N**
 CITY-ST-ZIP **251 BERMUDA BCH. DR.**
FT PIERCE FL

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

TITLE ☐ Delete
 NAME **AD**
 STREET ADDRESS **JUNKER, CARL REV.**
 CITY-ST-ZIP **854 TIERRA**
PT ST LUCIE FL

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

TITLE ☒ Delete
 NAME **PD**
 STREET ADDRESS **HAYNES, PRISCILLA**
 CITY-ST-ZIP **1014 TRINIDAD AVE**
FT PIERCE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **Steve Cassens**
 CITY-ST-ZIP **P.O. Box 593**
Ft. Pierce, FL 34954

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Stan Crippen**
 CITY-ST-ZIP **16 Castle Court**
Ft. Pierce, FL 34949

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **Bob Coleman**
 CITY-ST-ZIP **10 Valencia Ave**
Ft. Pierce, FL 34946

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:

Kathleen N. Donovan
Kathleen N. Donovan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02
 Date

772-464-8224
 Daytime Phone #

CP2E037 (9/01)