

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N18269**

1. Entity Name

MAUGHAN MINISTRIES, INC.

Principal Place of Business

**9751 WEST SANDRA STREET
CRYSTAL RIVER FL 34428
US**

Mailing Address

**9751 WEST SANDRA STREET
CRYSTAL RIVER FL 34428
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

59-2793842

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MAUGHAN, CALVIN EUGENE
9751 WEST SANDRA STREET
CRYSTAL RIVER FL**

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete**PD
MAUGHAN, CALVIN EUGENE
9751 WEST SANDRA STREET
CRYSTAL RIVER FL**TITLE ☐ Delete**STD
MAUGHAN, E. RUTH
9751 WEST SANDRA STREET
CRYSTAL RIVER FL**TITLE ☐ Delete**D
JACKSON, DEBORAH M
3904 ROSE CT
MC KINNEY TX 75070**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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: *Ruth Maughan* 1-6-02 352-795-7024**FILED**
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90020 049 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)