

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90020 009 ****61.25

DOCUMENT # N21354

1. Entity Name

BRAD KIDWELL MINISTRIES, INC.

Principal Place of Business

**3445 ROLLING TRAIL
 PALM HARBOR FL 34684
 US**

Mailing Address

**3445 ROLLING TRAIL
 PALM HARBOR FL 34684
 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

59-2810163

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

**KIDWELL, BRADLEY D.
 3445 ROLLING TRAIL
 PALM HARBOR FL 34684**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIDWELL, BRADLEY D. 3445 ROLLING TRAIL PALM HARBOR FL 34684	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIDWELL, BEVERLY BAKER 3445 ROLLING TRAIL PALM HARBOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDWELL, RUBY B. RT. 1 BOX 18 PENDLETON KY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVELL, STEVE 7520 SW 24TH AVE GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAYER, WILLIAM 2640 ORCHARD HIGHLANDS PALM HARBOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: *Bradley D. Kidwell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 **727-786-3900**
 Date Daytime Phone #

CR2E037 (9/01)