

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21653

1. Entity Name

IN CHRIST MINISTRIES, INC.

FILED

Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90116 042 ****61.25

Principal Place of Business

1040 SCHOOL ST.
CLERMONT, FL 34712
US

Mailing Address

686 GLADWIN AVE
FERN PARK FL 32730
US

2. Principal Place of Business
4093 Booker Street

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL 32811

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32811

Country
USA

Zip

Country

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

YEAGLEY, DELLA M
686 GLADWIN AVENUE
FERN PARK FL 32730

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	DPC YEAGLEY, DELLA M 686 GLADWIN AVE FERN PARK FL 32730	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JONES, ANTHONY 1113 CENTER GROVE ST ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YEAGLEY, DAVID F 686 GLADWIN AVE FERN PARK FL 32730	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLS, ADRIENNE 760 FIESTA LANE ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VILELA, RIEUZA 3916 SCOTSBORO CT #1517 ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUFF, ANDREA 621 MC ARTHUR DR ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carrie Baker 1206 Isthmus Drive Port Orange, FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathleen Yeagley, Director 11196 Cypress Leaf Dr. Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timothy Nunn 3306 Balmoral Drive Chamblee, Ga. 30341	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Darren Yeagley 11196 Cypress Leaf Drive Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Anthony Jones 1113 Center Grove St. Orlando, FL 32839	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Della Yeagley 686 Gladwin av. Fern Park, FL 32730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Della Yeagley

1/10/02

President 407-831-3762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)