


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90046 028 \*\*\*\*61.25

DOCUMENT # *N26520 (9)*

1. Entity Name  
*The Time of Reason Evangelistic Assoc. INC*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*7999 NE Hwy 318*

3. Mailing Address  
*PO Box 477*

Suite, Apt. #, etc.

City & State  
*Reddick, FLA. Ocala, FLA 34478*

Zip  
*32686*

Country  
*MARION*

City & State  
*Ocala, FLA 34478*

Zip  
*34478*

Country  
*MARION*

4. FEI Number  
*59-1938253*

Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Rev. Glen R Bowen*

Street Address (P.O. Box Number is Not Acceptable)  
*7999 NW Hwy 318*

City  
*Reddick*

FL Zip Code  
*32686*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Bowen, Glen R. 7999 NW Hwy 318 Reddick FLA 32686</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STD Bowen, Freida M. 7999 NW Hwy 318 Reddick, FLA 32686</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TRD Bowen, G. Richey 3050 SE Country Club Rd Lake City FLA 32025</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Glen R Bowen* *Glen R. Bowen Pres. 4-7-05 352 591-2934*

CR2E037B (12/02)