

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90387 021 \*\*\*\*61.25

0065379

**DOCUMENT # N33221**

1. Entity Name

**HARRY PAUL MINISTRIES, INC.**



Principal Place of Business

**917 EBB TIDE DR.  
GREEN COVE SPRINGS FL 32043  
US**

Mailing Address

**917 EBB TIDE DR  
GREEN COVE SPRINGS FL 32043-8727**

2. Principal Place of Business

**917 Ebb Tide Dr  
Suite, Apt. #, etc.  
GREEN COVE SPRINGS  
City & State  
FLORIDA**

3. Mailing Address

**SAME**  
Suite, Apt. #, etc.

City & State

City & State

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2956294**

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

**PAUL, JOHN M  
623 W ST  
GREEN COVE SPRINGS FL 32043**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT PAUL, HARRY 917 EBB TIDE DR GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS LEE, ESTHER D 1035 YELLOW WATER RD JACKSONVILLE FL 32234</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAUL, PETER R BLACK CREEK ROAD MOUNTAIN CITY GA 30562</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAUL, JOHN M 623 W ST GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ESTHER D. Lee (Sec) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4375 Confederate A. Rd. #42 JACKSONVILLE Fla 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHN M. PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 Piedmont Lane CLAYTON GA. 30525</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: **Rev. Harry Paul, President**

**(904) 284-2095**

CR2E037 (10/02)

Attachment

90068880

# P95000054571



WE SHOP. YOU SAVE.™

*Please note: Change of  
2 Addresses only.*

*Harry Pans - President  
3/31/03*

**1-800-642-5600**

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