

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40269

1. Entity Name

CAPTIVE'S LIGHTHOUSE PRISON MINISTRY, INC.

Principal Place of Business

%GEORGE PHILIP MALLOY
105 10TH STREET SOUTH
BRADENTON BEACH FL 34217-2536

Mailing Address

%GEORGE PHILIP MALLOY
105 10TH STREET SOUTH
BRADENTON BEACH FL 34217-2536

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

65-0224996

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

MALLOY, GEORGE PHILIP
105 10TH STREET SOUTH
BRADENTON BEACH FL 34217-2536

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MALLOY, GEORGE PHILIP	
STREET ADDRESS	105 10TH STREET SOUTH	
CITY-ST-ZIP	BRADENTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALLOY, JOANNE	
STREET ADDRESS	105 10TH STREET SOUTH	
CITY-ST-ZIP	BRADENTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALLOY, ANDREW PATRICK	
STREET ADDRESS	105 10TH STREET SOUTH	
CITY-ST-ZIP	BRADENTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

GEORGE P. MALLOY 1-11-01 941-778-0105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0074401

CR2E037 (10/00)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90118 011 ****61.25



DO NOT WRITE IN THIS SPACE