## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2002 8:00 am Secretary of State **DOCUMENT # N40269** 1. Entity Name CAPTIVE'S LIGHTHOUSE PRISON MINISTRY, INC. 04-03-2002 90194 021 \*\*\*\*61.25 Principal Place of Business Mailing Address **%GEORGE PHILIP MALLOY %GEORGE PHILIP MALLOY** 105 10TH STREET SOUTH 105 10TH STREET SOUTH BRADENTON BEACH FL 34217-2536 **BRADENTON BEACH FL 34217-2536** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0224996 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MALLOY, GEORGE PHILIP 105 10TH STREET SOUTH **BRADENTON BEACH FL 34217-2536** 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) Make Check Payable to .9. Election, Campaign Financing ≈ \$5:00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ٤ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE Change ☐ Addition MALLOY, GEORGE PHILIP NAME NAME 105 10TH STREET SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BRADENTON BEACH FL** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MALLOY, JOANNE NAME NAME 105 10TH STREET SOUTH STREET ADDRESS STREET ADDRESS BRADENTON BEACH FL CITY-ST-ZIP CITY-ST-ZIF TITLE" ☐ Delete TITLE Change ☐ Addition MALLOY, ANDREW PATRICK NAME NAME 105 10TH STREET SOUTH STREET ADDRESS STREET ADDRESS BRADENTON BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receivery ritustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

3-25-02 941-778-0105 Date Dayling Phone #