

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90076 014 \*\*\*\*61.25

**DOCUMENT # N43922**

1. Entity Name

**NORTH SUMTER MINISTERIAL ASSOCIATION, INC.**

Principal Place of Business

1501 AKRON DR  
 LEESBURG FL 34748  
 US

Mailing Address

P O BOX 413  
 WILDWOOD FL 34785  
 US

2. Principal Place of Business

**1308 CLEVELAND AVE**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**WILDWOOD FL**

City & State

Zip

**34785**

Country

**SUMTER**

Zip

Country

4. FEI Number

**59-3102499**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CLARK, RICHARD J  
 15202 MILTON AVE  
 BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

Name **PARKER, DANIEL**

Street Address (P.O. Box Number is Not Acceptable)

**1308 CLEVELAND AVE**

City

**WILDWOOD**

**FL**

Zip Code

**34785**

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

*Daniel R. Parker* **DANIEL R. PARKER**

**8/13/01**

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**  
**After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP REED, MIKE 2115 CENTRAL AVE COLEMAN FL 33521	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD <del>CLARK, RICHARD J.</del> 15202 MILTON AVENUE BROOKSVILLE FL 34609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <del>BRACK, BILL</del> 7509 CR 629 BUSHNELL FL 33513	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARKER, DANIEL 1308 CLEVELAND AVENUE WILDWOOD FL 34785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <del>WILEY, RAY</del> 94 MARKET STREET CENTER HILL FL 33514	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICHWINE, DANIEL 2099 E. C.R. 470 SUMTERVILLE FL 33585	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHOEMAKER, ROB 9145 C.R. 1286 WILDWOOD FL 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Mc DOWELL, MARK 17 MARKET ST CENTER HILL, FL 33514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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:

*Daniel R. Parker*

**DANIEL R. PARKER**

**8/13/01 352 748**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)