

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90121 012 ****61.25

DOCUMENT # N44305

1. Entity Name

PROPHETIC CHRISTIAN MINISTRIES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 352036
TOLEDO OH 43635-2036
US

P.O. BOX 352036
TOLEDO OH 43635-2036
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1699832

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

PARKER, CLIF
337 MAGNOLIA AVE
PANAMA CITY FL 32401

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 ☐ Delete

NAME **STD PUGH, ROGER**
STREET ADDRESS **216 THEODORE LANE**
CITY-ST-ZIP **ITASCA IL 60143**

TITLE ☐ Delete

NAME **D BARRETT, GEORGE**
STREET ADDRESS **3036 STARR AVE.**
CITY-ST-ZIP **OREGON OH 43616**

TITLE ☒ Delete

NAME **D KUTZ, ROBERT**
STREET ADDRESS **546 CARLTON**
CITY-ST-ZIP **TOLEDO OH 43609**

(DECEASED)

TITLE ☐ Delete

NAME **D ROBINSON, MICKEY**
STREET ADDRESS **302 SHEFFIELD PLACE.**
CITY-ST-ZIP **FRANKLIN TN 37067**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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: Roger W. Pugh **1/20/2000** **(630) 693-8878**
SEC. PRES. DIRECTOR