

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90394 046 ****70.00

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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

P.O. Box 12576

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 12576

Suite, Apt. #, etc.

City & State

Toledo Ohio

City & State

Toledo Ohio

4. FEI Number

34-1699832

Applied For

Not Applicable

Zip

Country

43606-0176

USA

Zip

Country

43606-0176

USA

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/01

Date

419-475-4312

Daytime Phone #

CR2E037 (10/00)