

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44305

1. Entity Name

PROPHETIC CHRISTIAN MINISTRIES ASSOCIATION, INC.

Principal Place of Business

P O BOX 12576  
TOLEDO OH 43606-0176  
US

Mailing Address

P O BOX 12576  
TOLEDO OH 43606-0176  
US

2. Principal Place of Business

4532 WOODVILLE RD

Suite, Apt. #, etc.

3. Mailing Address

4532 WOODVILLE RD

Suite, Apt. #, etc.

City & State

NORTH WOOD, OHIO

Zip

43619-1853

Country

U.S.A.

City & State

NORTH WOOD, OHIO

Zip

43619-1853

Country

U.S.A.

4. FEI Number

34-1699832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKER, CLIF  
337 MAGNOLIA AVE  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
GARY KING  
115 EAST ANTHONY  
CELINA, OHIO 45822 ☐ Change ☒ Addition

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

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

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 and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Roger W. PUGH

Date 2/13/02 630-893-8917  
Daytime Phone #

CR2E037 (9/01)