

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90320 023 ****61.25

DOCUMENT # N46989

1. Entity Name

NETWORK MINISTRIES, INC.

Principal Place of Business

Mailing Address

~~1100 N THOMASVILLE RD~~
~~TALLAHASSEE FL 32303~~
~~US~~

PO BOX 3803
 TALLAHASSEE FL 32315
 US

2. Principal Place of Business

3. Mailing Address

903 Indian St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana, FL

City & State

4. FEI Number

59-3106602

Applied For

Not Applicable

Zip

32333

Country

USA

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

YOUNG, DAN
413 WESTWOOD DR.
TALLAHASSEE FL 32304

Name

GEORGE BRITTON

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

903 INDIAN STREET

City

HAVANA

FL

Zip Code

32333

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

Danny H. Young

3/7/01

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

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 **PD** ☐ Delete
 NAME **YOUNG, DANNY H**
 STREET ADDRESS **1287 JEFFREY ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **PD** ☒ Change ☐ Addition
 NAME **GEORGE BRITTON**
 STREET ADDRESS **903 INDIAN STREET**
 CITY-ST-ZIP **HAVANA, FL 32333**

TITLE **VD** ☐ Delete
 NAME **PHILLIPS, RICHARD**
 STREET ADDRESS **3176 SEATTLE SLEW**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VD** ☐ Change ☒ Addition
 NAME **STEPHEN BIRCH**
 STREET ADDRESS **1108 Carissa Drive**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **SD** ☐ Delete
 NAME **BRITTON, GEORGE**
 STREET ADDRESS **903 INDIAN STREET**
 CITY-ST-ZIP **HAVANA FL 32733**

TITLE **SD** ☐ Change ☒ Addition
 NAME **TRACY BRITTON**
 STREET ADDRESS **903 INDIAN STREET**
 CITY-ST-ZIP **HAVANA, FL 32333**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2001 (850) 639-7563

Date

Daytime Phone #

CR2E037 (10/00)