

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N47235**

1. Entity Name

**ART YOHNER MISSIONS MINISTRIES, INC.**

Principal Place of Business

**216 - 41ST STREET WEST  
BRADENTON FL 34209-2940  
US**

Mailing Address

**P. O. BOX 1122  
BRADENTON FL 34206-1122  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0316978**

Applied For

Not Applicable

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

**YOHNER, ARTHUR W  
216 41ST STREET WEST  
PO BOX 1122  
BRADENTON FL 34206-1122**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BELL, HARRY**  
STREET ADDRESS **6704 7TH AVENUE DR. NW**  
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE **DS** ☐ Delete  
NAME **HUTH, JOHN**  
STREET ADDRESS **7019 18TH AVE DR NW**  
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE **PD** ☐ Delete  
NAME **YOHNER, ARTHUR W**  
STREET ADDRESS **216 41ST STREET WEST**  
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE **TD** ☐ Delete  
NAME **YOHNER, EVELYN B**  
STREET ADDRESS **216 41ST STREET WEST**  
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE **CD** ☐ Delete  
NAME **WITT, RON**  
STREET ADDRESS **704 23RD AVENUE W.**  
CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **D** ☐ Delete  
NAME **JOHNSON, JOHN**  
STREET ADDRESS **803 MANATEE AVE W**  
CITY-ST-ZIP **BRADENTON FL 34205**

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

01-21-02

(41) 747-5625

Date

Daytime Phone #

CR2F037 (9/01)



DO NOT WRITE IN THIS SPACE