

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90116 037 \*\*\*\*61.25

**DOCUMENT # N92000000563**

1. Entity Name

**PARALLEL UNIVERSE MINISTRIES, INC.**



Principal Place of Business

**17708 RIVENDEL RD.  
LUTZ FL 33549-5534  
US**

Mailing Address

**17708 RIVENDEL RD  
LUTZ FL 33549**

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 **59-3161410**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MEIGS, STEVEN REV  
17708 RIVENDEL RD  
LUTZ FL 33549**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD**  
NAME **MEIGS, STEVEN D**  
STREET ADDRESS **17708 RIVENDEL RD**  
CITY-ST-ZIP **LUTZ FL 33549**  
☐ Delete

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

TITLE **D**  
NAME **VAUGHAN, JOHN J IV**  
STREET ADDRESS **5105 PEACHGREEN CT.**  
CITY-ST-ZIP **TAMPA FL 33624**  
☒ Delete

TITLE **DIRECTOR**  
NAME **JENNIFER CLEARY**  
STREET ADDRESS **21433 NORTHWOOD DR.**  
CITY-ST-ZIP **LUTZ FL 33549**  
☐ Change ☒ Addition

TITLE **D**  
NAME **PRATS, RANDY J**  
STREET ADDRESS **4606 GEORGE RD.**  
CITY-ST-ZIP **TAMPA FL 33634**  
☒ Delete

TITLE **DIRECTOR**  
NAME **THERESA PARMEGIANI**  
STREET ADDRESS **8713 SPRINGTREE DR.**  
CITY-ST-ZIP **TAMPA, FL 33637**  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE **DIRECTOR**  
NAME **KATHLEEN CASSIDY**  
STREET ADDRESS **4921 DRIFTIDE DR.**  
CITY-ST-ZIP **NEWPORT RICHEY, FL 34652**  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: **STEVEN D. MEIGS**

**2/18/03 813-760-7747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)