

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000878

1. Entity Name

MUSTARD SEED MINISTRIES, INC.



Principal Place of Business

2285 STATE ROAD #580
APT 209
CLEARWATER FL 33763-1129

Mailing Address

PO BOX 16401
CLEARWATER FL 33766-6401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

22-2244102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANCE, MADELINE M
2285 SR 580, #209
CLEARWATER FL 33763-1129

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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE DP
NAME VANCE, MADELINE M ☐ Delete
STREET ADDRESS 2285 STATE RD 580, #209
CITY-ST-ZIP CLEARWATER FL 33763-1129

TITLE DT
NAME CLARK, JOHN W ☐ Delete
STREET ADDRESS 1410 14TH CIRCLE SOUTHEAST
CITY-ST-ZIP LARGO FL 33771

TITLE D
NAME TRACY, NATHAN ☐ Delete
STREET ADDRESS 11463 OVAL DRIVE E
CITY-ST-ZIP LARGO FL 34644

TITLE DS
NAME ROBE, SUSAN SECTY ☐ Delete
STREET ADDRESS 1001 STARKEY RD, #872
CITY-ST-ZIP LARGO FL 33771-5472

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000000034399
CITY-ST-ZIP 02/05/04-80083-002 61.25

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Madeline Vance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04 727-796-5755
Date Daytime Phone #