

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-28-2002 91508 008 ****61.25

DOCUMENT # N93000001317

1. Entity Name

R. L. MCLEOD MINISTRIES INC.

Principal Place of Business

7825 NECTAR DRIVE
 ORLANDO FL 32819-8303

Mailing Address

7825 NECTAR DRIVE
 ORLANDO FL 32819-8303

2. Principal Place of Business

same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3197387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, GEORGIA B
7825 NECTAR DRIVE
ORLANDO FL 32819-8303

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 reinstalling)

DATE

same **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 **PD** ☐ Delete
 NAME **GEORGIA B. MCLEOD,**
 STREET ADDRESS **7825 NECTAR**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VPSO** ☐ Delete
 NAME **REMOSSIVE SCURRY,**
 STREET ADDRESS **7819 NECTAR DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32819-8303**

TITLE **TD** ☐ Delete
 NAME **ALBERTA INGRAM,**
 STREET ADDRESS **301 CLARK STREET**
 CITY-ST-ZIP **EATONVILLE FL 32751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 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

Georgia B. McLeod

Georgia B. McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6-14-02** Daytime Phone **345-8713**

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CR2E037 (9/01)