

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002059

1. Entity Name

CREATIVE MINISTRIES, INC.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90036 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9200 ASHLAND AVE  
PENSACOLA FL 32534

9200 ASHLAND AVE  
PENSACOLA FL 32534-9358  
US

00017030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3201124

Applied For

Not Applicable

Zip

Country

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

Name

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

City

FL

Zip Code

MCCAMMON, PAULA  
9200 ASHLAND AVE  
PENACOLA FL 32534

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

*Paula J. McCammon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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	<input type="checkbox"/> Delete
NAME	CREEL, BRENDA MRS.	
STREET ADDRESS	206 SABINE DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAWTHORNE, W.D. MR.	
STREET ADDRESS	8813 N. PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MCHENRY, LARRY SR	
STREET ADDRESS	6962 SLASH PINE ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAMMON, PAULA MRS	
STREET ADDRESS	9200 ASHLAND AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input type="checkbox"/> Delete
NAME	NALL, JEAN MRS.	
STREET ADDRESS	3745 STEFANI ROAD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NOBLES, WILLIAM MR. III	
STREET ADDRESS	2920 BLACKSHEAR AVENUE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Paula J. McCammon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 850 595 6843