

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 93000002059 (4)*

1. Entity Name

Creative Ministries, Inc. ✓

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90008 042 ****61.25

Principal Place of Business

Mailing Address

*9200 Ashland Ave
PENSACOLA, FL 32534*

*9200 Ashland Ave
PENSACOLA, FL
32532534*

AU030959

2. Principal Place of Business

4801 N. DAVIS Hwy

3. Mailing Address

1289 Neal Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

Cantonment, FL

4. FEI Number

59-3201124

Applied For

Not Applicable

Zip

32503

Country

USA

Zip

32533

Country

USA

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

*MC CAMMON, PAULA
9200 Ashland Ave
PENSACOLA, FL 32534*

Name *MCCAMMON, PAULA*

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

1289 Neal Rd

City

Cantonment

FL

Zip Code

32533

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 D. Cammon

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

(NOTE: Registered Agent signature required when reinstating)

3/2/01

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 *CREELE, BRENDA MRS.*
STREET ADDRESS *206 SABINE DRIVE*
CITY-ST-ZIP *PENSACOLA BEACH, FL 32561*

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

TITLE *DV* ☐ Delete
NAME *HAWTHORNE, W.D. MR.*
STREET ADDRESS *8813 N. PALAFOX ST.*
CITY-ST-ZIP *PENSACOLA, FL 32534*

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

TITLE *CD* ☐ Delete
NAME *MCHENRY, LARRY SR*
STREET ADDRESS *6962 SLASH PINE RD*
CITY-ST-ZIP *PENSACOLA, FL 32526*

TITLE ☒ Change ☐ Addition
NAME *LARRY MCHENRY, SR*
STREET ADDRESS *5101 TREATNA RD.*
CITY-ST-ZIP *PENSACOLA, FL 32526*

TITLE *D* ☐ Delete
NAME *MCCAMMON, PAULA*
STREET ADDRESS *9200 ASHLAND AVE*
CITY-ST-ZIP *PENSACOLA, FL 32534*

TITLE ☒ Change ☐ Addition
NAME *PAULA MCCAMMON*
STREET ADDRESS *1289 NEAL RD.*
CITY-ST-ZIP *CANTONMENT, FL 32533*

TITLE *D* ☐ Delete
NAME *NALL, JEAN MRS.*
STREET ADDRESS *3745 Stefani Rd*
CITY-ST-ZIP *CANTONMENT, FL 32533*

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

TITLE *PD* ☐ Delete
NAME *NOBLES, WILLIAM III*
STREET ADDRESS *2920 BLACKSHEAR AVE*
CITY-ST-ZIP *PENSACOLA, FL 32503*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula D. Cammon

Date

Daytime Phone #

3/2/01

950 595 6843

CR2E037 (11/00)