

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90039 006 ****61.25

DOCUMENT # N93000004816

1. Entity Name

BUFFINGTON MINISTRIES, INC.

Principal Place of Business

% DR. J.B. BUFFINGTON
 5758 MANCHESTER DRIVE, E
 LAKELAND FL 33810
 US

Mailing Address

% DR. J.B. BUFFINGTON
 5758 MANCHESTER DRIVE, E
 LAKELAND FL 33810
 US

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

59-3208175

Applied For

Not Applicable

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

BUFFINGTON, J. B DR.
5758 MANCHESTER DRIVE, E
LAKELAND FL 33809

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 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME BUFFINGTON, J B
 STREET ADDRESS 5758 MANCHESTER DRIVE, E
 CITY-ST-ZIP LAKELAND FL 33809

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

TITLE STD ☐ Delete
 NAME BUFFINGTON, BETTY J
 STREET ADDRESS 5758 MANCHESTER DRIVE, E
 CITY-ST-ZIP LAKELAND FL 33809

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

TITLE VD ☐ Delete
 NAME O'BRIEN, MICHAEL
 STREET ADDRESS 2524 CHIMNEY RIDGE
 CITY-ST-ZIP CONYERS GA 30207

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

TITLE D ☐ Delete
 NAME WOMBLES, JOHN
 STREET ADDRESS 5479 SCOTTVIEW LANE
 CITY-ST-ZIP LAKELAND FL 33813

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

TITLE D ☐ Delete
 NAME SHELBY, GLENN
 STREET ADDRESS 2323 FLORIDA AVENUE SOUTH
 CITY-ST-ZIP LAKELAND FL 33803

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 life empowered.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/01

863-859-1977

CR2E037 (10/00)