

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N93000005025****1. Entity Name**
SKYBOUND MINISTRIES, INC.**Principal Place of Business**
5347 MAIN STREET
#203
NEW PORT RICHEY FL 34652**Mailing Address**
5347 MAIN STREET
#203
NEW PORT RICHEY FL 34652**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
59-3209628
Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**AREVALO - ARAUJO ROBERTO
5347 MAIN STREET
#203
NEW PORT RICHEY FL 34652**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** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL
D	TUREK DAWN	3039 VILLAGE PARK DRIVE	MELBOURNE	32934
<input checked="" type="checkbox"/> Delete				
DST	ABOUHAUNA TONY	7307 FULLERTON COURT	NEW PORT RICHEY	34655
<input type="checkbox"/> Delete				
VPD	OLESON JEANNE	3975 ORCHARD HILL CIRCLE	PALM HARBOR	34684
<input type="checkbox"/> Delete				
PD	AREVALO - ARAUJO ROBERTO	5540 CLIPPER COURT	NEW PORT RICHEY	34652
<input type="checkbox"/> Delete				
<input type="checkbox"/> Delete				
<input type="checkbox"/> Delete				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Change	Addition
DST	HAFTEL HAROLD	90 S. HIGHLAND AVE., APT 415	TARPON SPRINGS	34689	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	DELELLIS SALVATORE	1264 S. PINELLAS AVE	TARPON SPRINGS	34689	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change <input type="checkbox"/> Addition						
<input type="checkbox"/> Change <input type="checkbox"/> Addition						
<input type="checkbox"/> Change <input type="checkbox"/> Addition						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **ROBERTO AREVALO-ARAUJO** **PD** **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)