2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90007 030 ****70.00

DOCUMENT # N94000004074

1. Entity Name

CENTRAL PENTECOSTAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
2731 S HWY 77 LYNN HAVEN FL 32444 US	PO BOX 1558 LYNN HAVEN FL 32444 US

DO NOT WRITE IN THIS SPACE

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 59-3290474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHOOTS, DONALD W REV
2713 S HWY 77
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name: Shoots, Donald W. Rev
Street Address (P.O. Box Number is Not Acceptable): 2731 S Hwy 77
City: Lynn Haven **FL** Zip: 32444

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, WILLIAM H 804 AIRPORT DR PANAMA CITY FL 32405	☒ Delete	D DYESS, JAMES D. 2610 HWY 2321 PANAMA CITY FL 32409	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RILEY JESSE G 6911 GREENFIELD RD YOUNGSTOWN FL 32466	☒ Delete	D RILEY, THOMAS E. 6334 HIGHPOINT RD PANAMA CITY FL 32404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILES, JEFF 5197 STEWART DRIVE PANAMA CITY FL 32404	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Thomas E. Riley THOMAS E. RILEY, Director 3/04/02 (850) 785-2662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #