

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90190 008 *****70.00

DOCUMENT # N94000004074

1. Entity Name

CENTRAL PENTECOSTAL MINISTRIES, INC.



Principal Place of Business

**2731 S HWY 77
LYNN HAVEN FL 32444
US**

Mailing Address

**PO BOX 1558
LYNN HAVEN FL 32444
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 **59-3290474**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

**SHOOTS, DONALD W REV
2713 S HWY 77
LYNN HAVEN FL 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MILES, JEFF**
STREET ADDRESS **5197 STEWART DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **D** ☐ Change ☒ Addition
NAME **RILEY, JESSIE G.**
STREET ADDRESS **6911 GREENFIELD RD**
CITY-ST-ZIP **YOUNGSTOWN FL 32466**

TITLE **D** ☐ Delete
NAME **DYESS, JAMES D**
STREET ADDRESS **2610 HWY 2321**
CITY-ST-ZIP **PANAMA CITY FL 32409**

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

TITLE **D** ☐ Delete
NAME **RILEY, THOMAS E**
STREET ADDRESS **6334 HIGHPOINT RD**
CITY-ST-ZIP **PANAMA CITY FL 32404**

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

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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 like empowered.

SIGNATURE: *Thomas E Riley* **Thomas E Riley, Director**

3/26/03

850-785-2662

CR2E037 (10/02)