

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N94000004581

1. Entity Name  
URANTIA READERS INTERNATIONAL CORPORATION



FILED

07 MAY -1 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7801 POINT MEADOWS DR  
5403  
JACKSONVILLE, FL 32256 US

Mailing Address  
7801 POINT MEADOWS DR  
5403  
JACKSONVILLE, FL 32256 US

*[Signature]*



2. Principal Place of Business - No P.O. Box #  
*300 Intercoastal Place*

3. Mailing Address  
*300 Intercoastal Place*

Suite, Apt. #, etc.  
*303*

Suite, Apt. #, etc.  
*303*

City & State  
*Tequesta, FL*

City & State  
*Tequesta, FL*

Zip Country  
*33469 US*

Zip Country  
*33469 US*

04132007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3238898

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

WALKER, PETER  
7801 POINT MEADOWS DR  
5403  
JACKSONVILLE, FL 32256

Name  
*Ziglar, Richard*  
Street Address (P.O. Box Number is Not Acceptable)

*300 Intercoastal Place 303*  
City *Tequesta* FL Zip Code *33469*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-17-07*

Amended AR 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WALKER, PETER  
7801 POINT MEADOWS DR 5403  
JACKSONVILLE, FL 32256 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000103096490  
05/23/07--01013--024 \*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ZIGLAR, RICHARD  
300 INTERCOASTAL PLACE 303  
TEQUESTA, FL 33469 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
*Ziglar, Richard*  
*300 Intercoastal Place 303*  
*Tequesta, FL 33469* ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MANTZ, DAVID  
13683 87TH AVE. NORTH  
SEMINOLE, FL 33776 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FRANCIS, JEANETTE  
9478 C BOCA GARDENS PARKWAY  
BOCA RATON, FL 33496 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JORDAN, BAKER  
722 S. ROME AVENUE  
TAMPA, FL 33606 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
THOMAS, BRUCE  
1415 HARNESS HORSE LANE 104  
BRANDON, FL 33511 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*4/13/07*  
Date

*904-998-0971*  
Daytime Phone #