

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005969

1. Entity Name

DAVID VAN WINKLE MINISTRIES INC.

FILED

Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90180 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

600 SHETLAND  
RICHMOND KY 40475  
US

600 SHETLAND  
RICHMOND KY 40475  
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

59-3278739

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

HOFMA, EDWARD A  
3860 WYLDWOOD LANE  
ORLANDO FL 32806

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

Edward A. Hofma

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-02

6

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 D ☐ Delete  
NAME VAN WINKLE, DAVID M  
STREET ADDRESS 600 SHEFLAND DR.  
CITY-ST-ZIP RICHMOND KY 40475

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

TITLE D ☐ Delete  
NAME BLANKENSHIP, RON  
STREET ADDRESS 6013 BAY VALLEY CT.  
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE D ☐ Delete  
NAME HOFMA, EDWARD A  
STREET ADDRESS 3860 WYLDWOOD LANE  
CITY-ST-ZIP ORLANDO FL 32806

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

TITLE D ☐ Delete  
NAME MAJETICH, JILL  
STREET ADDRESS 2926 EGLING DR.  
CITY-ST-ZIP ORLANDO FL 32806

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

TITLE D ☐ Delete  
NAME MAJETICH, CHARLES G  
STREET ADDRESS 2926 EGLING DR.  
CITY-ST-ZIP ORLANDO FL 32806

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 like empowered.

SIGNATURE:

DAVID VAN WINKLE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Date

Daytime Phone #

1-21-02 859-582-3679

CR2E037 (9/01)