

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90048 022 \*\*\*\*61.25

**DOCUMENT # N94000005969**

1. Entity Name

**DAVID VAN WINKLE MINISTRIES INC.**



Principal Place of Business

**600 SHETLAND  
RICHMOND KY 40475  
US**

Mailing Address

**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 **David M. Van Winkle**

Street Address (P.O. Box Number is Not Acceptable)  
**1503 South Mary St.**

City **Eustis Florida**

**FL**

Zip Code  
**32726**

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

*David M. Van Winkle*

**1-30-03**

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 **VAN WINKLE, DAVID M**  
STREET ADDRESS **600 SHEFLAND DR.**  
CITY-ST-ZIP **RICHMOND KY 40475**

TITLE **David M. Van Winkle** ☒ Change ☐ Addition  
NAME **1503 South Mary St**  
STREET ADDRESS **Eustis FL. 32726**  
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 M. Van Winkle*

**1-30-03**

**352-208-8416**

CR2E037 (10/02)