

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000209

1. Entity Name

RESURRECTION BRASS MINISTRIES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90052 014 *****61.25

0027602

Principal Place of Business

14247 PORTRUSH DRIVE
 ORLANDO FL 32828
 US

Mailing Address

14247 PORTRUSH DRIVE
 ORLANDO FL 32828
 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

65-0547410

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

PELTON, PAUL
 14247 PORTRUSH DRIVE
 ORLANDO FL 32828

Name

Street Address (P.O. Box Number is Not Acceptable)

14247 PORTRUSH DRIVE

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

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	PELTON, PAUL	
STREET ADDRESS	P.O BOX 1296 N/A	
CITY-ST-ZIP	MURDOCK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PELTON, SANDRA	
STREET ADDRESS	P.O BOX 1296 N/A	
CITY-ST-ZIP	MURDOCK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, KEITH	
STREET ADDRESS	801 LINNEAN TERR	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, JACK	
STREET ADDRESS	7500 FLORIDA ST	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, TIMOTHY	
STREET ADDRESS	7500 FLORIDA STREET	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14247 PORTRUSH DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14247 PORTRUSH DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 809	
CITY-ST-ZIP	TOLLOA FALLS, GA 30598	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL PELTON, PRESIDENT 4/20/01 407-482-7973

Date

Daytime Phone #

CR2E037 (10/00)