

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90131 038 ****61.25

DOCUMENT # N95000001820

1. Entity Name

FOCUS ON CHRIST MINISTRIES, INC.



Principal Place of Business

**1272 ALAFAYA TRAIL
OVIEDO FL 32765
US**

Mailing Address

**P.O. BOX 622226
OVIEDO FL 32762-2226
US**

00043513



2. Principal Place of Business

561 E. MITCHELL HAMMOCK Rd

3. Mailing Address

Suite, Apt. #, etc.

STE 100

City & State
OVIEDO FL

City & State

Zip

32765

Country

SEMINOLE

Country

4. FEI Number **59-3312869**

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

**FRANZ, FRED
1272 ALAFAYA TRAIL
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name

FRANZ, FRED

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

561 E. MITCHELL HAMMOCK Rd. STE 100

City

OVIEDO

FL

Zip Code

32765

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

Fred Franz **FRED FRANZ**

2-7-03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZ, FRED 1272 ALAFAYA TRAIL OVIEDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARLEY, WILLIAM PO BOX 622226 N/A OVIEDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARLEY, GAIL PO BOX 622226 N/A OVIEDO FL 26	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLHORN, TED 421 HILLCREST ST OVIEDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, EVERETT 429 W. CHURCH AVE LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZ, FRED 561 E. MITCHELL HAMMOCK Rd, STE 100 OVIEDO FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

2-7-03

CR2E037 (10/02)