

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002696

1. Entity Name

POWER SOURCE MINISTRIES INCORPORATED

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90060 030 ****61.25

Principal Place of Business

4669 S.W. 166 CT. ROAD
OCALA FL 34481

Mailing Address

P.O. BOX 770786
OCALA FL 34477

2. Principal Place of Business

16020 S.W. 20TH AVE. RD.

3. Mailing Address

16020 S.W. 20TH AVE. RD.

Suite, Apt. #, etc.

#0

Suite, Apt. #, etc.

#0

City & State

Ocala, Florida

City & State

Ocala, FL

Zip

34473

Country

Marion

Zip

34473

Country

Marion

4. FEI Number

65-0586304

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FORD, KENNETH
4669 S.W. 166 CT. ROAD
OCALA FL 34481

7. Name and Address of New Registered Agent

Name

Kenneth Ford

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

16020 S.W. 20TH AVE. RD. #0

City

Ocala

FL

Zip Code

34473

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

Kenneth Ford President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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	D	<input type="checkbox"/> Delete
NAME	FORD, KENNETH	
STREET ADDRESS	4669 S.W. 166 CT. ROAD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FORD, SUSAN	
STREET ADDRESS	4669 S.W. 166 CT. ROAD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SATER, DANNY	
STREET ADDRESS	12 TIMBERLAND CIRCLE N.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.

SIGNATURE:

Kenneth Ford REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

352-307-6247

Daytime Phone #

CR2E037 (10/00)