

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90129 011 \*\*\*\*61.25

**DOCUMENT # N95000004039**

1. Entity Name

**LARRY MASSEY CHRISTIAN MINISTRIES, INC.**

Principal Place of Business

17595 SE 95 STATE ROAD  
 OCKLAWAHA FL 32179  
 US

Mailing Address

17595 SE 95 STATE ROAD  
 OCKLAWAHA FL 32179  
 US

2. Principal Place of Business

**17595 SE 95 STREET ROAD**

3. Mailing Address

**17595 SE 95 STREET ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3353297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MUTCH, SAMUEL A**  
**2114 NW 40TH TER., STE A-1**  
**GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Betty Massey* **BETTY MASSEY**

*Sept. 3, 02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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** ☐ Delete  
 NAME **MASSEY, LARRY**  
 STREET ADDRESS **17595 SE 95 STATE ROAD**  
 CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE **D** ☐ Delete  
 NAME **MASSEY, BETTY**  
 STREET ADDRESS **17595 SE 95 STATE ROAD**  
 CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE **D** ☐ Delete  
 NAME **WALKER, TIM**  
 STREET ADDRESS **RT. 2 BOX 319**  
 CITY-ST-ZIP **MAYO FL 32066**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **17595 SE 95 STREET ROAD**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **17595 SE 95 STREET ROAD**  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 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:

*Betty Massey* **BETTY MASSEY**

*Sept. 3, 02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/02)