

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000809

1. Entity Name

RAD MINISTRIES, INC.

Principal Place of Business

1810 IMESON RD
JACKSONVILLE FL 32220
US

Mailing Address

P.O. BOX 6483
JACKSONVILLE FL 32236-6483
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3447091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, A. REGINALD III
1810 IMESON RD
JACKSONVILLE FL 32220

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

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	P	<input type="checkbox"/> Delete
NAME	TAYLOR, A R III	
STREET ADDRESS	1810 IMESON RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAYLOR, PAMELA	
STREET ADDRESS	1810 IMESON RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAINWRIGHT, ALLEN B III	
STREET ADDRESS	1716 GROVE PARK DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FARRAH, KAREN	
STREET ADDRESS	9188 CAMSHIRE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WURSTER, JAN	
STREET ADDRESS	3858 BOONE PARK AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	EATMON, DUANE	
STREET ADDRESS	8355 SE 57TH DR	
CITY-ST-ZIP	OKEECHOBEE FL	

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
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
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: *[Signature]* **RECEIVED**

9/13/02

904 693-0518

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90107 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)