

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000867

1. Entity Name

WORSHIP EQUIPPERS MINISTRIES, INC.

FILED

May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90350 024 \*\*\*\*61.25

Principal Place of Business

6728 NW 34TH WAY  
GAINESVILLE FL 32653

Mailing Address

6728 NW 34TH WAY  
GAINESVILLE FL 32653

2. Principal Place of Business

21010 SOUTH BANK ST. #225 (JAMEAS 2)

Suite, Apt. #, etc.

POTOMAC FALLS

3. Mailing Address

Suite, Apt. #, etc.

11

City & State

VA

City & State

11

Zip

20165

Country

USA

Zip

11

Country

11

4. FEI Number

59-3360607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, DEAN F  
6728 NW 34TH WAY  
GAINESVILLE FL 32653

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02  
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 PD  
NAME SCHULTZ, DEAN F  
STREET ADDRESS 6728 NW 34TH WAY  
CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Delete

TITLE STD  
NAME SCHULTZ, GLORIANNE  
STREET ADDRESS 6728 NW 34TH WAY  
CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Delete

TITLE VD  
NAME DEMILDT, HANS  
STREET ADDRESS 1900 SNOOK DRIVE  
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

4/30/02

430  
3232

CR2E037 (9/01)