

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003873

1. Entity Name

THE BOELK FAMILY MINISTRY, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90190 004 ****61.25

Principal Place of Business

23 COLORADO RD.
LEHIGH ACRES FL 33936

Mailing Address

P.O. BOX 190
THURSTON OH 43157

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

15495 Nickel Plate Rd

Suite, Apt. #, etc.

City & State

Logan Ohio

Zip

43138-8811

Country

4. FEI Number 62-1673366

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

BOWERS, ROBERT L
23 COLORADO RD.
LEHIGH ACRES FL 33936

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)

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	D	BOELK, HEIDI M	<input type="checkbox"/> Delete
NAME		23 COLORADO RD.	
STREET ADDRESS		LEHIGH ACRES FL 33936	
CITY-ST-ZIP			
TITLE	D	BOELK, ROBERT G	<input type="checkbox"/> Delete
NAME		23 COLORADO RD.	
STREET ADDRESS		LEHIGH ACRES FL 33936	
CITY-ST-ZIP			
TITLE	D	LEACH, EDWARD T	<input type="checkbox"/> Delete
NAME		23 COLORADO RD.	
STREET ADDRESS		LEHIGH ACRES FL 33936	
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			
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		
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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:

Robert G Boelk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

740-974-6730

Daytime Phone #

CR2E037 (9/01)