

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000004700**1. Entity Name  
TAYLOR MINISTRIES, INC.

Principal Place of Business	Mailing Address
4359 DEVEREUX CIRCLE	4359 DEVEREUX CIRCLE
PENSACOLA FL 32504	PENSACOLA FL 32504

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**59-3397937**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CAMPBELL JAMES SESQ.  
3 WEST GARDEN STREET, SUITE 700  
  
PENSACOLA FL 32501 US**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 **04/29/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	<input type="checkbox"/> Delete
NAME	BUSSEY ALOHA	
STREET ADDRESS	707 COUNTY ROAD	
CITY-ST-ZIP	HANCEVILLE AL 35077	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE SAM	
STREET ADDRESS	1119 RETLAW ST.	
CITY-ST-ZIP	HUNTSVILLE AL 35816	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	HOFFMAN LANE	
STREET ADDRESS	5054 STRATFORD ROAD	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE LINDA B	
STREET ADDRESS	4359 DEVEREUX CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOFFMAN CHERYL T	
STREET ADDRESS	5054 STRATFORD ROAD	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MOORE RAYMOND AJR.	
STREET ADDRESS	4359 DEVEREUX CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32504	

**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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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)(f), 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:** Raymond A. Moore, Jr.

Pres 04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)