

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90060 017 ****61.25

DOCUMENT # N96000006627

1. Entity Name

ELDER NATHANIEL, HICKMON MINISTRIES, INC.

Principal Place of Business

Mailing Address

**480 LAWRENCE ROAD
 DELRAY BEACH FL 33445**

**480 LAWRENCE ROAD
 DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

330 NW 1 Ave
 Suite, Apt. #, etc.

330 NW 1 AVE
 Suite, Apt. #, etc.

City & State

City & State

Deerfield Bch FL 9

Deerfield Bch FL

33445
 Zip Country

Broward

33445
 Zip Country

Broward

4. FEI Number

65-0696932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HICKMON, NATHANIEL
 480 LAWRENCE ROAD
 DELRAY BEACH FL 33445**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **HICKMON, NATHANIEL**
 CITY-ST-ZIP **480 LAWRENCE ROAD**
DELRAY BEACH FL 33445

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **HICKMON, EVA**
 CITY-ST-ZIP **480 LAWRENCE ROAD**
DELRAY BEACH FL 33445

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **HICKMON, ERICKA**
 CITY-ST-ZIP **480 LAWRENCE ROAD**
DELRAY BEACH FL 33445

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002 5617151935
 Date Daytime Phone #

CR2E037 (9/01)