

DOCUMENT # N97000000461

1. Entity Name

DIETZ MINISTRIES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90010 042 ****61.25

Principal Place of Business

Mailing Address

5812 BEE RIDGE ROAD
SARASOTA FL 34233
US

5812 BEE RIDGE ROAD
SARASOTA FL 34233-5051
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0739368

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

7. Name and Address of New Registered Agent

DIETZ, EDWARD R JR
7402 WEEPING WILLOW DRIVE
SARASOTA FL 34241

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	DIETZ, EDWARD R JR	7402 WEEPING WILLOW DRIVE SARASOTA FL 34233	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DIETZ, LUCY Q	7402 WEEPING WILLOW DRIVE SARASOTA FL 34233	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	CIRELLO, JAMES	4481 ELEVETHERA COURT SARASOTA FL 34233	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	LEE, RICHARD V	240 N WASHINGTON BLVD SARASOTA FL 34236	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	LEE, TINA	240 N WASHINGTON BLVD SARASOTA FL 34236	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

3-23-00

Date

Daytime Phone #

CR2E037 (9/99)