

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000956

1. Entity Name

WANDA TOMMIE MINISTRIES, INC.



FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90015 031 ****70.00

0015533

Principal Place of Business

Mailing Address

2276 N US 1
FT PIERCE FL 34946

2276 N US 1
FT PIERCE FL 34946

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

65-0717990

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

TOMMIE, WANDA
2276 N US 1
FT PIERCE FL 34946

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
After September 12, 2001, min. will be \$236.25

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 DP ☐ Delete

NAME TOMMIE, WANDA G
STREET ADDRESS 3305 MEADOW LN
CITY-ST-ZIP FT PIERCE FL 34950

TITLE DS ☐ Delete

NAME GASKIN, MARJONA B
STREET ADDRESS 2010 AVENUE O
CITY-ST-ZIP FT-PIERCE, FL 34950

TITLE DT ☐ Delete

NAME MORRIS, JOHNNA S
STREET ADDRESS 2007 AVENUE O
CITY-ST-ZIP FT PIERCE FL 34950

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Wanda Tommie Ministries, Inc. REQUIRED

09/10/01

(56.1) 464-0243

CR2037 (5/01)