

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002478

1. Entity Name

OUR GOD REIGN MINISTRY INCORPORATED

Principal Place of Business

307 AMERICAN LEGION RD
MASCOTTE FL 34753
US

Mailing Address

P.O. BOX 1173
MASCOTTE FL 34753
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- 59-3523004

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

MIKE, ROBERT II
1801 LEE ROAD
WINTER PARK FL 32789

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 PT
NAME HARDY, TONY L
STREET ADDRESS 1047 PARKWOOD AVE
CITY-ST-ZIP GROVELAND FL 34736 ☐ Delete

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

TITLE VTS
NAME HARDY, VERONICA
STREET ADDRESS 1047 PARKWOOD AVE
CITY-ST-ZIP GROVELAND FL 34736 ☐ Delete

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

TITLE T
NAME DUKES, BERTHA L
STREET ADDRESS 824 HART STREET
CITY-ST-ZIP GROVELAND FL 34736 ☐ Delete

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

TITLE T
NAME HARDY, EVA NELL
STREET ADDRESS P.O. BOX 92208
CITY-ST-ZIP LEEsburg FL 34749 ☐ Delete

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

TITLE T
NAME ROGERS, MARY
STREET ADDRESS 1286 CAROLYN DR
CITY-ST-ZIP CLERMONT FL 34711 ☒ Delete

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

TITLE T
NAME THOMAS, PATRICIA A
STREET ADDRESS 131 CORTESE STREET
CITY-ST-ZIP GROVELAND FL 34736 ☒ Delete

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

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 (PT)

9-3-2001

352-948-6878

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90007 033 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)