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**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

0094844

DOCUMENT # N97000002478

1. Entity Name

OUR GOD REIGN MINISTRY INCORPORATED



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

04 JUN 18 PM 4:00

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

TONY L. HARDY

Street Address (P.O. Box Number is Not Acceptable)

2295 Knollwood Dr.

City

Leesburg

FL

Zip Code

34748

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. I am familiar with, and accept the obligations of registered agent.

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
 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
 900038134009
 06/21/04--01053--005 **297.50

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

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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

6-16-04

352-728-3445

CR2E037 (10/02)