

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002560

1. Entity Name

MINISTRIES PROMOTING REVIVAL INC.

Principal Place of Business

NAVARRE CHAPEL AND ACADEMY
9402 NAVARRE PARKWAY
NAVARRE FL 32566

Mailing Address

NAVARRE CHAPEL AND ACADEMY
9402 NAVARRE PARKWAY
NAVARRE FL 32566

2. Principal Place of Business

Navarre Chapel and Academy
Suite, Apt. #, etc.
2114 Brand Ct.

3. Mailing Address

Navarre Chapel and Academy
Suite, Apt. #, etc.
2114 Brand Ct.

City & State

Navarre FL

City & State

Navarre FL

Zip

32566

Country

U.S.A.

Zip

32566

Country

U.S.A.

6. Name and Address of Current Registered Agent

ARCHER, ROBERT R
9402 NAVARRE PARKWAY
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name: Archer Robert R.
Street Address (P.O. Box Number is Not Acceptable):
2122 Brand Ct.
City: Navarre FL Zip Code: 32566

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: Robert R. Archer Pastor - director 2-2001
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

TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHER, MARJORIE	
STREET ADDRESS	6945-D NAVARRE PKWY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEGARS, VINCENT	
STREET ADDRESS	1506 SOUND RETREAT DR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEGARS, ALISA	
STREET ADDRESS	1506 SOUND RETREAT DR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Archer Marjorie	
STREET ADDRESS	2122 Brand Ct.	
CITY-ST-ZIP	Navarre, FL. 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert R. Archer 3-31-01 850-939-9097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90141 012 ****61.25

C0042039



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

0019176

CR2E037 (10/00)