

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90488 018 ****61.25

DOCUMENT # N97000002560

1. Entity Name

MINISTRIES PROMOTING REVIVAL INC.



Principal Place of Business

**NAVARTE CHAPEL AND ACADEMY
2114 BRAND CT.
NAVARRE FL 32566**

Mailing Address

**NAVARTE CHAPEL AND ACADEMY
2114 BRAND CT.
NAVARRE FL 32566**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARCHER, ROBERT R
2122 BRAND CT.
NAVARRE FL 32566**

7. Name and Address of New Registered Agent

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. 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHER, MARJORIE	
STREET ADDRESS	2122 BRAND CT.	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Segars, Vincent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4619 Hickory Dr.	
STREET ADDRESS	Anacortes, Washington 98221	
CITY-ST-ZIP		
TITLE	Segars, Alisa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4619 Hickory Dr.	
STREET ADDRESS	Anacortes, Washington 98221	
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 **Robert R. Archer** 3-1-03 (850) 939-9097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)