

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

0087534

**DOCUMENT # N97000003707**

1. Entity Name

**DMM MINISTRIES, INC.**

02-15-2001 90036 001 \*\*\*\*61.25

Principal Place of Business

**17475 NW 100TH AVE  
 REDDICK FL 32686**

Mailing Address

**P.O. BOX 716  
 FAIRFIELD FL 32634**

0 2 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3449278**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHANDLER, ARTHUR J  
 17475 NW 100TH AVE  
 REDDICK FL 32686**

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**

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 **D** ☐ Delete  
 NAME **CHANDLER, ARTHUR J**  
 STREET ADDRESS **17475 NW 100TH AVE**  
 CITY-ST-ZIP **REDDICK FL 32686**

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

TITLE **D** ☐ Delete  
 NAME **SWEENEY, DIONA Y**  
 STREET ADDRESS **122 DOGWOOD DR CIR**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE ☒ Change ☐ Addition  
 NAME **D SWEENEY, DIONA Y.**  
 STREET ADDRESS **16 WATER COURSE**  
 CITY-ST-ZIP **OCALA, FLA. 34472**

TITLE **D** ☐ Delete  
 NAME **CHANDLER, MAXINE T**  
 STREET ADDRESS **17475 NW 100TH AVE**  
 CITY-ST-ZIP **REDDICK FL 32686**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Arthur J. Chandler (Arthur J. Chandler) 2-5-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-501-3187

CR2E037 (10/00)