

UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003707

1. Entity Name

DMM MINISTRIES, INC.



Principal Place of Business

Mailing Address

**17475 NW 100TH AVE
 REDDICK FL 32688**

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

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 **59-3449278**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHANDLER, ARTHUR J
 17475 NW 100TH AVE
 REDDICK FL 32688**

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** ☐ Delete
 NAME **CHANDLER, ARTHUR J**
 STREET ADDRESS **17475 NW 100TH AVE**
 CITY-ST-ZIP **REDDICK FL 32688**

TITLE **D** ☐ Delete
 NAME **LEWIS, DIONA Y**
 STREET ADDRESS **18 WATER COURSE**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ Delete
 NAME **CHANDLER, MAXINE T**
 STREET ADDRESS **17475 NW 100TH AVE**
 CITY-ST-ZIP **REDDICK FL 32688**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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 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** **Dr. Arthur J. Chandler** **7-19-2004**