

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N97000003707

1. Entity Name

DMM MINISTRIES, INC.



FILED
Jul 26, 2005 08:00 AM
Secretary of State

Principal Place of Business

17475 NW 100TH AVE
REDDICK FL 32686

Mailing Address

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

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. 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 re-stating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
~~1000057902481~~
~~07/26/05-01073-010~~ ~~**\$61.25~~

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

TITLE
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U000000374563
07/26/05-80005-010 ~~61.25~~

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17475 NW 100TH AVE
REDDICK FL 32686 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attached report with an addendum with all other like employment.

SIGNATURE: DR. ARTHUR J. CHANDLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-2005

Date

352-748-1695

DeVine Phone #