

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-04-2001 90054 040 *****70.00

DOCUMENT # N97000005392

1. Entity Name

IMAGINE THAT MINISTRIES, INC.

Principal Place of Business

425 COUNTY RD. 665
POLK CITY FL 33868

Mailing Address

P. O. BOX 563
POLK CITY FL 33868

2. Principal Place of Business

7100 Berkley Rd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Polk City, FL

City & State

4. FEI Number

59-3475903

Applied For

Not Applicable

Zip

Country

Zip

Country

33868

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANLEY, KEITH M
425 COUNTY RD. 665
POLK CITY FL 33868

Change

7. Name and Address of New Registered Agent

Name

Manley, Keith M.

Street Address (P.O. Box Number is Not Acceptable)

7100 Berkley Rd

City

Polk City

FL

Zip Code
33868

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]

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

3/30/01

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 NAME STREET ADDRESS CITY-ST-ZIP	VMD MANLEY, KEITH 425 COUNTY RD. 665 POLK CITY FL 33868	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LYKES, PHILIP REV 518 GRAND CAYMAN CIR LAKELAND FL 33808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANLEY, DOROTHY 425 COUNTY RD 655 POLK CITY FL 33868	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, CALVIN 345 CROTON RD MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARBUTHNOT, TIMOTHY 103 ARBUTHNOT LN HAINES CITY FL 33844	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTEK, GLENN REV 2599 TRINITY CIR NW WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMD MANLEY, KEITH 7100 BERKLEY RD. POLK CITY FL 33868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LYKES, PHILIP REV. 3587 TIGEREYE CT. MULBERRY FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, CALVIN 345 CROTN DR. MAITLAND FL 32751	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D BARRETT, MARY 2926 FORESTBROOK DR. E. LAKELAND FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACCLELLAN, MARSHALL REV. 406 ARIANA BLVD. AUBURNDAL FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)