

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

0061163

DOCUMENT # N97000005634

1. Entity Name

MARC AND DOLORES HILL MINISTRIES, INC.

04-20-2001 90022 049 ****61.25

Principal Place of Business

**4345 14TH WAY NE
ST PETERSBURG FL 33703**

Mailing Address

**4345 14TH WAY NE
ST PETERSBURG FL 33703**

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

59-3471245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROWE, BETTYE L
4345 14TH WAY NE
ST PETERSBURG FL 33703**

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.

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

TITLE: **PD** ☐ Delete
NAME: **HILL, MARC A**
STREET ADDRESS: **4345 14TH WAY NE**
CITY-ST-ZIP: **ST PETERSBURG FL 33703**

TITLE: **VD** ☐ Delete
NAME: **MAYFIELD, WILLIAM O**
STREET ADDRESS: **111 LAUREL TREE WAY**
CITY-ST-ZIP: **BRANDON FL 33511**

TITLE: **SD** ☒ Delete
NAME: **BAKER, ROBIN L**
STREET ADDRESS: **4345 14TH WAY NE**
CITY-ST-ZIP: **ST PETERSBURG FL 33703**

TITLE: **TD** ☐ Delete
NAME: **ROWE, BETTYE L**
STREET ADDRESS: **4345 14TH WAY NE**
CITY-ST-ZIP: **ST PETERSBURG FL 33703**

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: **SD** ☒ Change ☐ Addition
NAME: **McCullum, Mary**
STREET ADDRESS: **4441 Fairfield Ave. South**
CITY-ST-ZIP: **St. Petersburg, FL 33711**

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

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

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

TITLE: ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 (727) 525 7146
Date Daytime Phone #

CR2E037 (10/00)