

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005796

1. Entity Name

RAM YOUTH MINISTRIES, INC.

Principal Place of Business

1900 SUMMIT TOWER BLVD.
770
ORLANDO FL 34787

Mailing Address

1900 SUMMIT TOWER BLVD.
770
ORLANDO FL 34787

2. Principal Place of Business

450 SOUTH ORANGE AVENUE

Suite, Apt. #, etc.

Suite 250

City & State

ORLANDO, FL 32801

Zip

32801

Country

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite 250

City & State

ORLANDO, FL

Zip

32801

Country

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90004 045 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0791148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OFFERDAHL, JOHN A
3016 BIRKDALE ST.
WESTON FL 33332-OFFE

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 ☐ Delete
NAME D
STREET ADDRESS OFFERDAHL, JOHN A
CITY-ST-ZIP 3016 BIRKDALE ST.
WESTON FL 33332

TITLE ☐ Delete
NAME D
STREET ADDRESS OFFERDAHL, LYNN
CITY-ST-ZIP 3016 BIRKDALE ST.
WESTON FL 33332

TITLE ☐ Delete
NAME D
STREET ADDRESS BAKER, BOB
CITY-ST-ZIP 1900 SUMMIT TOWER BLVD., STE. 770
ORLANDO FL 32810

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
NAME
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CITY-ST-ZIP

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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

3/29/02

Date

954.384.7614

Daytime Phone #

CR2E037 (9/01)