

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000005822

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: DELTA MINISTRIES, INC.

Current Principal Place of Business:

3706 COUNTRY CLUB ROAD SOUTH
WINTER HAVEN, FL 338819224

New Principal Place of Business:

Current Mailing Address:

3706 COUNTRY CLUB ROAD SOUTH
WINTER HAVEN, FL 338819224

New Mailing Address:

PO BOX 7091
WINTER HAVEN, FL 33883

FEI Number: 59-3474850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLIS, RAYMOND
3706 COUNTRY CLUB ROAD SOUTH
WINTER HAVEN, FL 338819224 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILLIS, RAYMOND
Address: 3706 COUNTRY CLUB ROAD SOUTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: STD () Delete
Name: GILLIS, NANCY
Address: 3706 COUNTRY CLUB ROAD SOUTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: CRITTENDEN, ERIC
Address: 227 LAKE VILLA WAY
City-St-Zip: HAINES CITY, FL 338448531

Title: D () Delete
Name: CRITTENDEN, KAY
Address: 227 LAKE VILLA WAY
City-St-Zip: HAINES CITY, FL 338448531

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY R GILLIS

STD

04/30/2002

Electronic Signature of Signing Officer or Director

Date