

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90011 046 ****61.25

DOCUMENT # N97000006030

1. Entity Name

WILDERNESS MINISTRIES, INC.



Principal Place of Business

**235 CROCKETT BLVD
#25
MERRITT ISLAND FL 32953**

Mailing Address

**235 CROCKETT BLVD
#25
MERRITT ISLAND FL 32953**

00061205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3478363

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, WARREN J
235 CROCKETT BLVD #25
MERRITT ISLAND FL 32953**

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
After September 12, 2001, min. will be \$236.25**

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 **PD**
STREET ADDRESS **MARTIN, WARREN**
CITY-ST-ZIP **HCR 2 BOX 29
LORENZO TX 79343**

TITLE ☐ Delete
NAME **TS**
STREET ADDRESS **MARTIN, WENDY**
CITY-ST-ZIP **HCR 2 BOX 29
LORENZO TX 79343**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **ABITZ, WILLIAM L**
CITY-ST-ZIP **5456 GINGER COVE DR APT B
TAMPA FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ABITZ, DEBBY**
CITY-ST-ZIP **5456 GINGER COBE DR APT B
TAMPA FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHIFFER, CHAD**
CITY-ST-ZIP **2417 CHALET GARDENS CT #9
TAMPA FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHIFFER, ELAINE**
CITY-ST-ZIP **2417 CHALET GARDENS CT #9
TAMPA FL**

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
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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 REQUIRED

8-10-01

806-634-1902

CR2E037 (5/01)