

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90165 031 \*\*\*\*61.25

**DOCUMENT # N97000006720**

1. Entity Name

**GEMMA SAMUEL MINISTRIES INC.**



Principal Place of Business

P.O. BOX 5173  
ALBANY GA 31706

Mailing Address

810 W. RESIDENCE AVE.  
ALBANY GA 31701

2. Principal Place of Business

810 W. RESIDENCE AVE

3. Mailing Address

P.O. Box 5173

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALBANY GA

City & State

ALBANY GA

Zip

31701

Country

DOUGHERTY

Zip

31706

Country

DOUGHERTY

4. FEI Number

65-0797771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAMUEL, GEMMA G  
810 W. RESIDENCE AVENUE  
ALBANY FL 31701

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SAMUEL, GEMMA G  
STREET ADDRESS 810 W. RESIDENCE AVE.  
CITY-ST-ZIP ALBANY GA 31701 ☐ Delete

TITLE VD  
NAME BARBER, RUDOLPH  
STREET ADDRESS 1411 NW 175TH STREET  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE SD  
NAME SAMUEL, GEMMA G  
STREET ADDRESS 810 W. RESIDENCE AVE.  
CITY-ST-ZIP ALBANY GA 31701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED

4-29-2003 229 435 9983

CR2E037 (10/02)