

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90118 011 ****70.00

DOCUMENT # N98000001795

1. Entity Name

ACTS 29 MINISTRY, INC.

Principal Place of Business

**21429 FRONT BCH RD.
PANAMA CITY BCH FL 32413**

Mailing Address

**21429 FRONT BCH RD.
PANAMA CITY BCH FL 32413**

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

31-1634643

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MC FARLAND, DAVID G
21429 FRONT BCH RD.
PANAMA CITY BCH FL 32413**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MC FARLAND, DAVID**
STREET ADDRESS **21429 FRONT BEACH RD**
CITY-ST-ZIP **PANAMA CITY FL 32413**

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

TITLE **TD** ☐ Delete
NAME **MC FARLAND, CYNTHIA**
STREET ADDRESS **21429 FRONT BEACH RD**
CITY-ST-ZIP **PANAMA CITY FL 32413**

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

TITLE **VD** ☐ Delete
NAME **PARTIN, TERRY**
STREET ADDRESS **103 RIVER OAKS**
CITY-ST-ZIP **WEST POINT MS 39773**

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

TITLE **D** ☐ Delete
NAME **BELLMAN, BOB**
STREET ADDRESS **RT 1 BOX 223**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

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

TITLE **SD** ☐ Delete
NAME **HOLLINGSWORTH, SALLY**
STREET ADDRESS **21429 FRONT BEACH ROAD**
CITY-ST-ZIP **PANAMA CITY FL 32413**

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

TITLE **D** ☐ Delete
NAME **ADLER, XLAUS**
STREET ADDRESS **501 TENTH ST APT 208**
CITY-ST-ZIP **GRAND RAPIDS MN 55744**

TITLE ☒ Change ☐ Addition
NAME **D Adler, Klaus**
STREET ADDRESS **150 S. Roma Way**
CITY-ST-ZIP **Kissimmee, FL 34746**

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: Cynthia A. McFarland 2/8/02 850-234-7477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)