

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002789

1. Entity Name

ROGER COSSON MINISTRIES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90063 049 ****61.25

Principal Place of Business

Mailing Address

2350 HWY 735
MARIANNA FL 32448

P.O. BOX 6378
MARIANNA FL 32448-5440

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

59-3023391

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

COSSON, NINA P
4107 WILLOW POND RD.
MARIANNA FL 32448

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COSSON, ROGER
4107 WILLOW POND RD
MARIANNA FL 32448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Elder
Sherry Barton
Rt 2, Bx 275
Altamonte, FL 32421 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COSSON, NINA
4107 WILLOW POND RD
MARIANNA FL 32448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Elder
Michael Parrish
2293 Oak Canopy
Marianna, FL 32448 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUCKABY, LISA
263 CHASON RD
MARIANNA FL 32448 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

850-482-6885

Daytime Phone #

CR2E037 (9/99)