

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2001 8:00 am**  
**Secretary of State**

07-23-2001 90001 029 \*\*\*\*61.25

**DOCUMENT #** 098000007789

**1. Entity Name**  
 ROGER COSSON Ministries, Inc. (CA)

**Principal Place of Business** 2350 Hwy 73  
 Marianna, FL 32448

**Mailing Address** same

**2. Principal Place of Business** Suite, Apt. #, etc.

**3. Mailing Address** Suite, Apt. #, etc.

**City & State** City State

**Zip** Country Zip Country

**A0078822**

DO NOT WRITE IN THIS SPACE

**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**  
 Nina Paulette Cosson  
 4107 Willow Rd Road  
 Marianna, FL 32448

**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** Nina Paulette Cosson **DATE** 6-19-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Founder Roger Cosson 4107 Willow Rd Rd Marianna, FL 32448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administrative Nina Paulette Cosson 4107 Willow Rd Rd Marianna, FL 32448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assitant April Kent 3348 Mystery Springs Rd Marianna, FL 32448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, when all other the empowered.**

**SIGNATURE:** Roger L. Cosson **DATE:** 6-26-01 **DAYTIME PHONE #:** 850-482-6885

CR2E034 (11/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 2, 2001

ROGER COSSON MINISTRIES, INC.  
2350 HIGHWAY 73  
MARIANNA, FL 32448

SUBJECT: ROGER COSSON MINISTRIES, INC.  
Ref. Number: N98000002789

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Leslie Sellers  
Document Specialist

Letter Number: 001A00039554

Attachment  
A0078822