

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003595

1. Entity Name

DEMARCO MINISTRY INC.

Principal Place of Business

1505 PAGE AVE.
ORLANDO FL 32806

Mailing Address

1505 PAGE AVE.
ORLANDO FL 32806

2. Principal Place of Business

1505 Page Ave

Suite, Apt. #, etc.

3. Mailing Address

1505 Page Ave

Suite, Apt. #, etc.

City & State

Orlando FL 32806

City & State

Orlando FL 32806

Zip

32806

Country

Orange

Zip

32806

Country

Orange

4. FEI Number

59-3537424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMARCO, PAT

1505 PAGE AVE.

ORLANDO FL 32806

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 DP
NAME DEMARCO, PAT
STREET ADDRESS 1505 PAGE AVE.
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE VPT
NAME OSCARSON, GREG
STREET ADDRESS 2320 SOUTH BROWN ST
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE ST
NAME GAGNE, RUSSELL
STREET ADDRESS 2420 SOUTH SHINE ST
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE AST
NAME GAGNE, LOUISE
STREET ADDRESS 2420 SOUTH SHINE ST
CITY-ST-ZIP ORLANDO FL 32806 ☐ 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

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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]

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90118 040 ****61.25

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DO NOT WRITE IN THIS SPACE

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