

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90155 014 ****61.25

DOCUMENT # N98000005035

1. Entity Name

DEE ANDREWS MINISTRIES, INC.

Principal Place of Business

**4150 STOWE RUN LANE
 JACKSONVILLE FL 32225**

Mailing Address

**4150 STOWE RUN LANE
 JACKSONVILLE FL 32225**

2. Principal Place of Business

12867 Haverford Rd
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 350807
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3529944

Applied For

Not Applicable

Zip

32218

Country

USA

Zip

32235-0807

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ANDREWS, DEE B
 4150 STOWE RUN LANE
 JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

Dee Andrews

Street Address (P.O. Box Number is Not Acceptable)

12867 - 4 Haverford Road

City

JACKSONVILLE

FL

Zip Code

32218

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

Dee Andrews, President

4/24/02

(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

TITLE **PT** ☐ Delete
 NAME **ANDREWS, DEE**
 STREET ADDRESS **4150 STOWE RUN LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **VTDC** ☒ Delete
 NAME **STRAUGHN, KIM B**
 STREET ADDRESS **4450 STOWE RUN LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **T** ☒ Delete
 NAME **AMMON, KAHRYN**
 STREET ADDRESS **6906 ATTEL DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **T** ☒ Delete
 NAME **KENNEDY, GLORIA**
 STREET ADDRESS **2820 UNIVERSITY BLVD. W. #101**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **T** ☒ Delete
 NAME **HOUSTON, LISA**
 STREET ADDRESS **11555 BIRCH CIRCLE W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PMT** ☒ Change ☐ Addition
 NAME **Dee Andrews**
 STREET ADDRESS **12867 Haverford Rd**
 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **T** ☐ Change ☒ Addition
 NAME **Valerie Roundtree**
 STREET ADDRESS **12867 Haverford Rd**
 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **T** ☐ Change ☒ Addition
 NAME **Tracy-Joyce**
 STREET ADDRESS **340 Pearl**
 CITY-ST-ZIP **JACKSONVILLE, FL 32206**

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

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

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

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:

Dee Andrews

4/24/02 (904) 564-4558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)