

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006155

1. Entity Name

AT THE WELL MINISTRIES, INC.

Principal Place of Business

446 QUAY ASSISI  
NEW SMYRNA BEACH FL 32169

Mailing Address

446 QUAY ASSISI  
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

Pappas Plaza

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1135 N Dixie FRwy

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

Zip

32168

Country

US

Country

4. FEI Number

59-3542452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CYR, LINDA M  
446 QUAY ASSISI  
NEW SMYRNA BEACH FL 32168

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

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 D  
NAME CYR, LINDA M  
STREET ADDRESS 446 QUAY ASSISI  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE D  
NAME CYR, DANIEL  
STREET ADDRESS 446 QUAY ASSISI  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE D  
NAME CLOUSE, MARY ELIZABETH  
STREET ADDRESS 469 AMETHYST WAY  
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE D  
NAME CHANG, MARGARET M M.D.  
STREET ADDRESS 446 QUAY ASSISI  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE D  
NAME GONTERMAN, CAROL ANN  
STREET ADDRESS 4740 S HARVARD APT 46  
CITY-ST-ZIP TULSA OK 74135 ☐ Delete

TITLE ☐ #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Resignation*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)