

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90055 026 \*\*\*\*61.25

**DOCUMENT # N98000006155**

1. Entity Name

**AT THE WELL MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**PAPPAS PLAZA  
 1135 NORTH DIXIE FRWY  
 NEW SMYRNA BEACH FL 32168**

**446 QUAY ASSISI  
 NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business

3. Mailing Address

**Pappas Plaza**

**Pappas Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1125 North Dixie Frwy.**

**1125 North Dixie Frwy.**

City & State

City & State

**New Smyrna Bch FL**

**New Smyrna Bch FL**

Zip

Country

Zip

Country

**32168**

**US**

**32168**

**US**

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

7. Name and Address of New Registered Agent

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CYR, LINDA M</b>	
STREET ADDRESS	<b>446 QUAY ASSISI</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CYR, DANIEL</b>	
STREET ADDRESS	<b>446 QUAY ASSISI</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLOUSE, MARY ELIZABETH</b>	
STREET ADDRESS	<b>489 AMETHYST WAY</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHANG, MARGARET M M.D.</b>	
STREET ADDRESS	<b>446 QUAY ASSISI</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GONTERMAN, CAROL ANN</b>	
STREET ADDRESS	<b>4740 S HARVARD APT 46</b>	
CITY-ST-ZIP	<b>TULSA OK 74135</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

**1-19-02**

Date

Daytime Phone #

CR2E037 (9/01)