## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 29, 2001 8:00 am Secretary of State DOCUMENT # N9900000421 1. Entity Name 08-29-2001 90006 027 \*\*\*\*61 25 VINE ABIDING MINISTRIES, INC. Principal Place of Business Mailing Address 281 AURIGA DRIVE 281 AURIGA DRIVE ORANGE PARK FL 32073-2405 ORANGE PARK FL 32073-2405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3557351 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent \_\_\_ 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THOMAS, WARREN S 281 AURIGA DRIVE ORANGE PARK FL 32073-2405 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees After September 12, 2001, min. will be \$236.25 **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TREASURER ☐ Change Addition TITLE ☐ Delete TITLE HIPP, DALE K WARREN S. ᠋ᠯᢣᢀᡢ᠈ᡩᠫ NAME RURAL ROUTE 42, P.O. BOX 12 281 Averga De STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ELD GARDEN WV 26717** CITY-ST-7IP GRANGE PARK D۷ Addition TITLE ☐ Delete Change TITLE SLERSTARA HIPP, PAMELA L NAME NAME Darby L. 5081-41 Sabal Palm Rol. RURAL ROUTE 42, P.O. BOX 12 STREET ADDRESS STREET ADDRESS Fernandina Beach, Pl CITY-ST-ZIP ELD GARDEN WV 26717----.CITY\_ST\_ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE DRAPER, LEWIS NAME NAME 12580 LEE ROAD 279 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALLEY AL 36854 TITLE ☐ Delete TITLE ☐ Change Addition FARRELL, CAMERON NAME NAME 718-815 SHRODE LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP STANDISH CA 92128 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEHR, JOHN NAME NAME STREET ADDRESS 211 COTTON HILL RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EUFAULA AL 36027 TITLE ☐ Delete Change ☐ Addition TITLE NAME MORELAND, GREGORY A NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

254 MAIN STREET

**WESTERNPORT MD 21562** 

Breazealurdarby

**FILED** 

(5/01)