

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000947

1. Entity Name

BISHOP JOHN W. SNELL MINISTRIES, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90935 037 ****61.25

Principal Place of Business

Mailing Address

181 VERMONT AVE
FT LAUDERDALE FL 33312

181 VERMONT AVE
FT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Same

4. FET Number

31-1688632

Applied For

Not Applicable

Zip

Country

Zip

Country

Same

Same

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

SNELL, JOHN W
181 VERMONT AVE
FT LAUDERDALE FL 33312

Name

Same

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: *X Bishop John W Snell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/02

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	PD	<input type="checkbox"/> Delete
NAME	SNELL, JOHN W	
STREET ADDRESS	181 VERMONT AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MASTEN, CYNTHIA	
STREET ADDRESS	4600 NW 49TH CT	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SNELL, LOUISE	
STREET ADDRESS	181 VERMONT AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Same
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Same
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Same
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *X Bishop John W Snell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

(954) 797-0156

Date Daytime Phone #

0029531

CR2E037 (9/01)