

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90172 043 ****61.25

DOCUMENT # N99000000947

1. Entity Name

BISHOP JOHN W. SNELL MINISTRIES, INC.



Principal Place of Business

**181 VERMONT AVE
FT LAUDERDALE FL 33312**

Mailing Address

**181 VERMONT AVE
FT LAUDERDALE FL 33312**

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

City & State

Same

City & State

Zip

33312

Country

Broward

Zip

33312

Country

Broward

4. FEI Number **31-1688632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SNELL, JOHN W
181 VERMONT AVE
FT LAUDERDALE FL 33312**

Name

Same

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

City

Same

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Same

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

4/7/03 (954) 797-0156

CR2E037 (10/02)