

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90002 040 ****70.00

DOCUMENT # N99000002340

1. Entity Name
**REUNITED MINISTRIES AND AFFILIATES,
INCORPORATED**



Principal Place of Business
**20110 PEYTON PLACE
BROOKSVILLE, FL 34601**

Mailing Address
**20110 PEYTON PLACE
BROOKSVILLE, FL 34601**

50053261



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

52-2173527

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAUGHERTY, ROGER N REV.
20110 PEYTON PLACE
BROOKSVILLE, FL 34601**

Name

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

20110 Peyton PL

BROOKSVILLE FL 34601

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

SIGNATURE

Roger N. Daugherty
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-27-05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **CMB**
STREET ADDRESS **PETERS, TIM**
CITY-ST-ZIP **11236 NORVELL ROAD
SPRING HILL, FL 34608**

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

TITLE ☐ Delete
NAME **CSD**
STREET ADDRESS **PETERS, WANDA**
CITY-ST-ZIP **11236 NORVELL ROAD
SPRING HILL, FL 34608**

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

TITLE ☐ Delete
NAME **CHSD**
STREET ADDRESS **PEARCE, SHANNA**
CITY-ST-ZIP **11120 HEATHWOOD AVE.
SPRING HILL, FL 34608**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MANN, DONNA**
CITY-ST-ZIP **1583 HOWELL AVE.
BROOKSVILLE, FL 34601**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DAUGHERTY, N. ROGER**
CITY-ST-ZIP **20110 PEYTON PLACE
BROOKSVILLE, FL 34601**

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

TITLE ☐ Delete
NAME **VPT**
STREET ADDRESS **DAUGHERTY, S. JENELLE**
CITY-ST-ZIP **20110 PEYTON PLACE
BROOKSVILLE, FL 34601**

TITLE ☐ Change ☐ 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:

Jenelle Daugherty VPT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/05
Date

352-754-9602
Daytime Phone #