

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90169 025 ****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

2. Principal Place of Business - No P.O. Box #

20110 Peyton Place

Suite, Apt. #, etc.

3. Mailing Address

20110 Peyton Place

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/06)

City & State

Brooksville FL

Zip

34601

Country

Hernando

City & State

Brooksville FL

Zip

34601

Country

4. FEI Number

52-2173527

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2007

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	CMB	<input type="checkbox"/> Delete
NAME	PETERS, TIM	
STREET ADDRESS	11236 NORVELL ROAD	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	PETERS, WANDA	
STREET ADDRESS	111236 NORVELL ROAD	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE	CHSD	<input type="checkbox"/> Delete
NAME	PEARCE, SHANNA	
STREET ADDRESS	11120 HEATHWOOD AVE.	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANN, DONNA	
STREET ADDRESS	1583 HOWELL AVE.	
CITY-STATE-ZIP	BROOKSVILLE FL 34601	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAUGHERTY, N. ROGER	
STREET ADDRESS	20110 PEYTON PLACE	
CITY-STATE-ZIP	BROOKSVILLE FL 34601	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DAUGHERTY, S. JENELLE	
STREET ADDRESS	20110 PEYTON PLACE	
CITY-STATE-ZIP	BROOKSVILLE FL 34601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Roger N. Daugherty

Roger N. Daugherty

3-30-07 (352)7544600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #