

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004371

1. Entity Name

APPLE OF HIS EYE MINISTRIES, INC.

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90061 024 ****61.25

0063593

Principal Place of Business

2885 ANGUS CIRCLE
MOLINO FL 32577

Mailing Address

P.O. BOX 22
CANTONMENT FL 32533
US

2. Principal Place of Business

2885 Angus Circle
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 22
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MOLINO, FL

City & State

CANTONMENT, FL

4. FEI Number

59-3589957

Applied For

Not Applicable

Zip

32577

Country

ESC

Zip

32533

Country

ESC

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, KAREN
2885 ANGUS CIRCLE
MOLINO FL 32577

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.

SIGNATURE

Karen Goodman

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

(NOTE: Registered Agent signature required when reinstating)

1/22/02

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE AD
NAME TERHUNE, LILA
STREET ADDRESS P.O. BOX 310
CITY-ST-ZIP MOLINO FL 32577 ☐ Delete

TITLE AD
NAME TERHUNE, BOB
STREET ADDRESS P.O. BOX 310
CITY-ST-ZIP MOLINO FL 32577 ☐ Delete

TITLE AD
NAME DUGAS, MAURICE
STREET ADDRESS 501 ATEs ROAD
CITY-ST-ZIP PINEVILLE LA 71380 ☐ Delete

TITLE AD
NAME LANCASTER, GREG
STREET ADDRESS 2245 CRICKET RIDGE DR
CITY-ST-ZIP CANTONMENT FL 32533 ☒ Delete

TITLE AD
NAME KILPATRICK, BRENDA
STREET ADDRESS P.O. BOX 63115
CITY-ST-ZIP PENSACOLA FL 32526 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE AD
NAME ALISON DUGAS
STREET ADDRESS 501 ATEs ROAD
CITY-ST-ZIP PINEVILLE, LA 71380 ☐ Change ☒ Addition

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

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

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:

Karen Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

968-9670

Daytime Phone #

CR2E037 (9/01)