

2001 UNIFORM BUSINESS REPORT (UBR)

2/14

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-15-2001 90009 002 ****61.25

DOCUMENT # N99000004461

1. Entity Name

SWEET WATER MINISTRY, INC.

Principal Place of Business

11950 S.E. 67TH PLACE
MORRISTON FL 32668

Mailing Address

11950 S.E. 67TH PLACE
MORRISTON FL 32668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3433317**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HULL, SHIRLEY ANN
11950 S.E. 67TH PLACE
MORRISTON FL 32668

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

HULL, Shirley Ann *Shirley Ann Hull* *13 Feb 2001*

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HULL, SHIRLEY ANN
11950 S.E. 67TH PLACE
MORRISTON FL 32668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HULL, WILLIAM
11950 S.E. 67TH PLACE
MORRISTON FL 32668

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PICKEL, MELISSA
17250 SE 60TH TERRACE
WILLISTON FL 32696

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
SWILLEY, FLORA C
5150 SE 40TH TERRACE
GULF HAMMOCK FL 32839

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DG
WILLCUTTS, KATHRYN
12790 NE 101 COURT 8
ARCHER FL 32618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Crysynda Reichle
P.O. Office Box
Inglis, FL 34449

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley Ann Hull *7 March*

Date

Daytime Phone #

352-486-4395

CR2E037 (10/00)