

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

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90058 022 ****70.00

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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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **BOBBA of Directors / Su.**
STREET ADDRESS **Kathy Hupchuck**
CITY-ST-ZIP **11950 SE 67th PL
MORRISTON FL 32668**

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

TITLE ☐ Change ☒ Addition
NAME **Board of Directors**
STREET ADDRESS **506 Hupchuck**
CITY-ST-ZIP **11950 SE 67th PL
MORRISTON FL 32668**

TITLE **DVP** ☒ Delete
NAME **SWILLEY, FLORA C**
STREET ADDRESS **5150 SE 40TH TERRACE**
CITY-ST-ZIP **GULF HAMMOCK FL 32639**

TITLE ☐ Change ☒ Addition
NAME **Board of Directors**
STREET ADDRESS **506 Hupchuck**
CITY-ST-ZIP **11950 SE 67th PL
MORRISTON FL 32668**

TITLE **DG** ☒ Delete
NAME **WILL CUTTS, KATHRYN**
STREET ADDRESS **12790 NE 101 COURT 8**
CITY-ST-ZIP **ARCHER FL 32618**

TITLE ☐ Change ☒ Addition
NAME **Board of Directors**
STREET ADDRESS **CLARA Shepherd**
CITY-ST-ZIP **P.O. Box 168 4575D SW CO Rd 345
Chiefland, FL 32644 - Cedar Key FL 32625**

TITLE **BOARD OF DIRECTORS** ☒ Delete
NAME **Andrew M. HURNIK**
STREET ADDRESS **11950 SE 67th PL**
CITY-ST-ZIP **MORRISTON FL 32668**

TITLE ☐ Change ☒ Addition
NAME **Board of Directors**
STREET ADDRESS **ADAM MARTIN**
CITY-ST-ZIP **P.O. Box 624 8431 SE 144th PLACE
Inglis, FL 34449**

TITLE **BOARD OF DIRECTORS** ☐ Delete
NAME **DIZZIE PARKER**
STREET ADDRESS **485 Thrasher DR**
CITY-ST-ZIP **BRANSON FL 32621**

TITLE ☐ Change ☒ Addition
NAME **Board of Directors**
STREET ADDRESS **BRENDA Sommerfield**
CITY-ST-ZIP **P.O. Box 699 334 SAPP ST
Inglis FL 34449**

12. I hereby certify that the information indicated on this report is true and correct to the best of my knowledge and belief, 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: **BRANSON FL 32621**

17/11/2003 352-4866264

CR2E037 (4/03)