2001 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 17, 2001 8:00 am E Secretary of State DOCUMENT # **N99000004760** 1. Entity Name 09-17-2001 90006 048 ****61.25 CHURCH IN THE PARK MINISTRIES, INC. Principal Place of Business Mailing Address 3795 ETH JANE 3795 6TH LANE WIRYDY vero/beach/fl 32968 2. Principal Place of Business 566 Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0948368 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent GUEST Street Address (P.O. Box Number is Not Acceptable) GUEST, KERRI **3795 6TH LANE** 566 22NO COURT VERO BEACH FL 32968 City VERO 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 red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE 13 \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. RECTOR TITLE TITLE Change GUEST, TIMOTHY D NAME NAME 566 22ND COURT N: BEACH BOOLEVARD 9795-6TH-LANE STREET ADDRESS STREET ADDRESS ANAHEIM, CA 9280 CITY-ST-ZIP VERO BEACH FL-92968 33 CITY-ST-ZIP TITLE PRIN -ARNOLD GUEST, KERRI L NAME NAME 566 22ND COURT N. BEACH STREET ADDRESS 9793 6TH LANE STREET ADDRESS 801 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 32962 TNAHEIM TITLE TITLE Addition Delete NAME BARRIBALL, PAUL NAME STREET ADDRESS 1524 QUEEN RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 **X** Delete TITLE Change ☐ Addition TITLE DYE, DANNY NAME NAME 765 18TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP *v*eró beach fl 32962 Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE