

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29549

1. Entity Name

DESERT MINISTRIES, INC.

Principal Place of Business

PARAMOUNT BUILDING
139 N COUNTY RD STE 24
PALM BEACH FL 33480
US

Mailing Address

P.O. BOX 788
PALM BEACH FL 33480-0788
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CROMIE, RICHARD M.
ROYAL POLNCIANA CHAPEL
60 COCOANUT ROW
PALM BEACH FL 33480

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

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 PD ☐ Delete
NAME CROMIE, RICHARD M.
STREET ADDRESS 25 JAMAICA LN
CITY-ST-ZIP PB FL 33480

TITLE VD ☐ Delete
NAME THOMPSON, ROBERT L.
STREET ADDRESS 7534 GRAYMORE RD.
CITY-ST-ZIP PITTSBURGH PA 15221

TITLE D ☐ Delete
NAME MEHL, JOHN E.
STREET ADDRESS 4 WARRIORS RD
CITY-ST-ZIP PITTSBURGH PA 15205

TITLE D ☐ Delete
NAME REID, MRS. HARVEY T.
STREET ADDRESS 2904 N. ATLANTIC BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33508

TITLE TD ☐ Delete
NAME HALL, WILLIAM E.
STREET ADDRESS 935 VALLEYVIEW RD.
CITY-ST-ZIP PITTSBURGH PA 33508

TITLE SD ☐ Delete
NAME PATTON, ROBERT F
STREET ADDRESS 293 DIXON AVE
CITY-ST-ZIP PITTSBURGH PA 15216

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90195 021 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1423650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)

Jan 5, 1999 561
655-4212