

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90083 022 ****61.25

0055460

DOCUMENT # P29549

1. Entity Name

DESERT MINISTRIES, INC.

Principal Place of Business

Mailing Address

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

P.O.L. BOX 788
 PALM BEACH FL 33480
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1423650

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CROMIE, RICHARD M.	
STREET ADDRESS	25 JAMAICA LN	
CITY-ST-ZIP	PB FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, ROBERT L.	
STREET ADDRESS	7534 GRAYMORE RD.	
CITY-ST-ZIP	PITTSBURGH PA 15221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEHL, JOHN E.	
STREET ADDRESS	4 WARRIORS RD	
CITY-ST-ZIP	PITTSBURGH PA 15205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REID, MRS. HARVEY T.	
STREET ADDRESS	2904 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33508	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, WILLIAM E.	
STREET ADDRESS	935 VALLEYVIEW RD.	
CITY-ST-ZIP	PITTSBURGH PA 33508	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATTON, ROBERT F	
STREET ADDRESS	293 DIXON AVE	
CITY-ST-ZIP	PITTSBURGH PA 15216	

TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cromie, Margaret G.	
STREET ADDRESS	139 N. County Road, Suite 24	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dobbins, B. Alan	
STREET ADDRESS	596 W. Palm Aire Drive	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, William E.	
STREET ADDRESS	935 Valleyview Rd.	
CITY-ST-ZIP	Pittsburgh, PA 33508	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is a 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01 5616554212
 DATE DAYTIME PHONE #

CR2E037 (10/00)