

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29549

1. Entity Name

DESERT MINISTRIES, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90090 027 ****61.25

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
US

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
25-1423650

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

CROMIE, RICHARD M.
ROYAL POLNCIANA CHAPEL
2 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 ED ☐ Delete
NAME CROMIE, MARGARET G
STREET ADDRESS 139 N. COUNTY ROAD, SUITE 24
CITY-ST-ZIP PALM BEACH FL 33480

TITLE TD ☐ Delete
NAME DOBBINS, ALAN B
STREET ADDRESS 596 W. PALM AIRE DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ASD ☐ Delete
NAME HALL, WILLIAM E
STREET ADDRESS 935 VALLEYVIEW RD.
CITY-ST-ZIP PITTSBURGH PA 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 *Correction*
STREET ADDRESS *225 Jamaica Lane*
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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:

Richard M. Cromie

01/09/02

561-655-4212

CR2E037 (9/01)