

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90285 046 ****61.25

UBR1001

DOCUMENT # P30221

1. Entity Name

IN HIS SERVICE MINISTRIES CORPORATION

Principal Place of Business

Mailing Address

**7817 NATURE TRAIL
 7817 NATURE TRAIL
 LAKELAND FL 33809**

**7817 NATURE TRAIL
 7817 NATURE TRAIL
 LAKELAND FL 33809**

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 **13-3475416**

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

7. Name and Address of New Registered Agent

**PLUNKETT, MICHAEL J.
 7817 NATURE TRAIL
 LAKELAND FL 33809**

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 _____ (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** ☐ Delete
 NAME **PLUNKETT, MICHAEL J.**
 STREET ADDRESS **7817 NATURE TRAIL**
 CITY-ST-ZIP **LAKELAND FL**

☐ Change ☐ Addition

TITLE **TD** ☐ Delete
 NAME **PLUNKETT, MARY E.**
 STREET ADDRESS **7817 NATURE TRAIL**
 CITY-ST-ZIP **LAKELAND FL**

☐ Change ☐ Addition

TITLE **VD** ☐ Delete
 NAME **LUCAS, WILLIAM C.**
 STREET ADDRESS **RD #1 BOX 99**
 CITY-ST-ZIP **ROCKTON PA 15856**

☐ Change ☐ Addition

TITLE **VD** ☐ Delete
 NAME **TWERELL, JAMES T.**
 STREET ADDRESS **200 CHURCH ST**
 CITY-ST-ZIP **NEW YORK NY 10013**

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/2002 **863 859-3668**

CR2E037 (9/01)