**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2002 8:00 am Secretary of State DOCUMENT # P96000076993 1. Entity Name ARROW MINISTRIES, INC. 02-19-2002 90026 016 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 568554 1321 STEVENS AVENUE ORLANDO FL 32806 ORLANDO FL 32856-8554 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 💷 🗌 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURPHY, V. ART REV.,JR Street Address (P.O. Box Number is Not Acceptable) 1321 STEVENS AVENUE ORLANDO FL 32806 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE ☐ Addition TITLE NAME MURPHY, V. ART JR NAME STREET ADDRESS 1321 STEVENS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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