

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90098 038 ****61.25

DOCUMENT # N01000001516

1. Entity Name

SEEKING HEART MINISTRIES, INC.

Principal Place of Business

**PO BOX 15322
 TALLAHASSEE FL 32317-5322**

Mailing Address

**PO BOX 15322
 TALLAHASSEE FL 32317-5322**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3719940

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TUTTLE, RON
~~8186 GLENMORE DR.~~
 TALLAHASSEE FL 32312**

new address →

7. Name and Address of New Registered Agent

Name **Tuttle, Ron**

Street Address (P.O. Box Number is Not Acceptable)

10006 Journeys End

City **Tallahassee**

FL Zip Code **32312**

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	D	<input type="checkbox"/> Delete
NAME	TUTTLE, RON	
STREET ADDRESS	8186 GLENMORE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUTTLE, TANA	
STREET ADDRESS	8186 GLENMORE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, SHARON	
STREET ADDRESS	1142 ALACHUA AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHINSON, JANET	
STREET ADDRESS	1405 DEVONSHIRE CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUCE, JANICE	
STREET ADDRESS	3241 BEAUMONT DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tuttle, Ron	
STREET ADDRESS	10006 Journeys End	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tuttle, Tana	
STREET ADDRESS	10006 Journeys End	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Jensen	
STREET ADDRESS	2692 Spring Lake Rd.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: *Ron Tuttle* **Ron Tuttle** 4/25/02 850-668-9901

CR2E037 (9/01)