

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0006323

02-19-2002 90117 008 ****61.25

DOCUMENT # NO1000005907

1. Entity Name

GLORIA SUTTON HOUSE MINISTRY INC.

Principal Place of Business

Mailing Address

209 SW 4TH AVE
 DELRAY BEACH FL 33444

209 SW 4TH AVE
 DELRAY BEACH FL 33444

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

65-1034314

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

COOK, LIONEL
14699 HIDEAWAY LAKE LANE
DELRAY BEACH FL 33484

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. CURRENT OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	COOK, LIONEL	
STREET ADDRESS	14699 HIDEAWAY LAKE LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, SARAH	
STREET ADDRESS	14699 HIDEAWAY LAKE LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHULER, CARLA	
STREET ADDRESS	6108 CHANNEL DR	
CITY-ST-ZIP	GREENACRES FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEARING, EUGENE K	
STREET ADDRESS	225 NW 9TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLS, SHIRLEY	
STREET ADDRESS	425 SW 15TH TERR	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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:

Signature Required

2/04/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)