

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90082 009 \*\*\*\*61.25

**DOCUMENT # N01000005907**

1. Entity Name  
**GLORIA SUTTON HOUSE MINISTRY INC.**



Principal Place of Business

**209 SW 4TH AVE  
DELRAY BEACH FL 33444**

Mailing Address

**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

4. FEI Number **65-1034314**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Lionel Cook* **REQUIRED**

*1/21/03 561-274-4111*

CR2E037 (10/02)