

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90501 014 ****61.25

DOCUMENT # N01064

1. Entity Name

LOVING HANDS MINISTRIES, INC.

Principal Place of Business

1710 11TH ST W
 BRADENTON FL 34205-7637
 US

Mailing Address

P.O. BOX 1157
 BRADENTON FL 34206-1157
 US

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

59-2573982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, WENDELL C
9511 36TH AVE E
PALMETTO FL 34221

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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME WILSON, WENDELL C
 STREET ADDRESS 9511 36TH AVE. EAST
 CITY-ST-ZIP PALMETTO FL ☐ Delete

TITLE D
 NAME WILSON, DORIS J
 STREET ADDRESS 9511 36TH AVE EAST
 CITY-ST-ZIP PALMETTO FL ☐ Delete

TITLE SD
 NAME BROWN, PAUL A
 STREET ADDRESS 1674 UNIVERSITY PARKWAY #66
 CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE D
 NAME ROGERS, JERRY
 STREET ADDRESS PO BOX 346
 CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DIRECTOR
 NAME GEOFFREY RUTZEN
 STREET ADDRESS 34430 ORCHID PKWY
 CITY-ST-ZIP RIDGE MANOR, FL 33525 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01
 Date

941-747-9283
 Daytime Phone #

0073961

CR2E037 (10/00)