## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01064

Entity Name: LOVING HANDS MINISTRIES, INC.

FILED Feb 02, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1710 11TH ST W BRADENTON, FL 342057637 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1157 BRADENTON, FL 342061157 US FEI Number: 59-2573982 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, WENDELL C 9511 36TH AVE E PALMETTO, FL 34221 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WILSON, WENDELL C Name: Name: 9511 36TH AVE. EAST Address: Address: City-St-Zip: PALMETTO, FL City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete Name: WILSON, DORIS J Name: WILSON, DORIS J Address: 9511 36TH AVE EAST Address: 9511 36TH AVE EAST City-St-Zip: PALMETTO, FL City-St-Zip: PALMETTO, FL 34221 US Title: () Delete Title: SD (X) Change ( ) Addition BROWN, PAUL A BROWN, PAUL A Name: Name: 1674 UNIVERSITY PARKWAY #66 15 ESSINGTON LANE Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: PALM COAST, FL 32164 US Title: ( ) Delete Title: D (X) Change ( ) Addition Name: ROGERS, JERRY Name: ROGERS, JERRY Address: PO BOX 346 Address: PO BOX 346 City-St-Zip: BRADENTON, FL City-St-Zip: BRADENTON, FL 34206 US Title: () Delete Title: (X) Change ( ) Addition RUTZEN, GEOFFREY RUTZEN, GEOFFREY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

34430 ORCHID PKWY

RIDGE MANOR, FL 33525 US

SIGNATURE: WENDELL WILSON PD 02/02/2002

34430 ORCHID PKWY

RIDGE MANOR, FL 33525

Address:

City-St-Zip: