

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

FILED
Aug 28, 2003 8:00 am
Secretary of State

0015074

DOCUMENT # NO1064

1. Entity Name

LOVING HANDS MINISTRIES, INC.



08-28-2003 90065 019 ****61.25

Principal Place of Business

**1301 11TH ST W
BRADENTON FL 34205-7637
US**

Mailing Address

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

2. Principal Place of Business

9511 36th Ave E.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALMETTO, FL.

Zip

34221 MANATEE

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

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

7. Name and Address of New Registered Agent

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

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
After September 10, 2003, min will be \$236.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, WENDELL C	
STREET ADDRESS	9511 36TH AVE. EAST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, DORIS J	
STREET ADDRESS	9511 36TH AVE EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, PAUL A	
STREET ADDRESS	15 ESSINGTON LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, JERRY	
STREET ADDRESS	PO BOX 346	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTZEN, GEOFFREY	
STREET ADDRESS	34430 ORCHID PKWY	
CITY-ST-ZIP	RIDGE MANOR FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH VAN BLARCOM	
STREET ADDRESS	PO BOX 4174	
CITY-ST-ZIP	LAKE WALES, FL 33859	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-26-2003 941-721-0280

CR2E037 (4/03)