


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

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90143 018 \*\*\*\*61.25

**DOCUMENT # N02000002207**

1. Entity Name  
**AARON ODOM MINISTRIES, INC.**



Principal Place of Business  
**704 CENTRAL AVENUE  
ELLENTON FL 34222**

Mailing Address  
**704 CENTRAL AVENUE  
ELLENTON FL 34222**

2. Principal Place of Business  
**702 51st St. E**

3. Mailing Address  
**PO Box 1592**

Suite, Apt. #, etc.  
**Apt. 1127 A**

Suite, Apt. #, etc.  
**Apt. 11**

City & State  
**Bradenton FL**

City & State  
**Palmetto FL**

Zip  
**34208**

Country  
**US.**

Zip  
**34220**

Country  
**US**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**01-0649381**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ODOM, AARON  
704 CENTRAL AVENUE  
ELLENTON FL 34222**

7. Name and Address of New Registered Agent  
Name  
**Aaron Odom**

Street Address (P.O. Box Number is Not Acceptable)  
**702 51st St. E**

Apt. **1127 A**

City  
**Bradenton FL**

FL

Zip Code  
**34208**

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 *Aaron Odom* DATE **February 22, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$1.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ODOM, AARON 704 CENTRAL AVENUE ELLENTON FL 34222</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CULPEPPER, ANELA 4925 70TH STREET E PALMETTO FL 34221</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MULLIS, JUDY 6221 28TH AVENUE E BRADENTON FL 34208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMAS, PATTY POST OFFICE BOX 906 PALMETTO FL 34220</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Employee</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ODOM, AARON 702 51st St. E Bradenton, FL 34208</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Aaron Odom* **REQUIRED** DATE: **February 22 2003** (941) 448-1084

CR2E037 (10/02)