

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N04941

FILED
Jul 11, 2003
Secretary of State

Entity Name: CARL RICHARDSON MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 1000
304 E. LUMSDEN
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

PO BOX 1000
304 E. LUMSDEN
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-2471263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, CARL H.
3006 DRAKE'S LANDING
PO BOX 1000
VALRICO, FL 33594

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: RICHARDSON, CARL H.,
Address: 3006 DRAKE'S LANDING
City-St-Zip: VALRICO, FL

Title: STD () Delete
Name: RICHARDSON, BEVERLY,
Address: 3006 DRAKE'S LANDING
City-St-Zip: VALRICO, FL

Title: D () Delete
Name: SIMMONS, DAVID L.,
Address: 3006 DRAKE'S LANDING
City-St-Zip: VALRICO, FL

Title: PD () Delete
Name: RICHARDSON, CARL H.,
Address: 3006 DRAKE'S LANDING
City-St-Zip: VALRICO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CARL H. RICHARDSON

PD

07/11/2003

Electronic Signature of Signing Officer or Director

_____ Date