2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # N35848** Apr 20, 2000 8:00 am Secretary of State PUTNAM RADIO MINISTRIES, INC. 04-20-2000 90053 043 ****61.25 Principal Place of Business Mailing Address % JERRERY S. SELLERS C/O SELLERS, JEFFERY \$ 3111 ST. JOHNS AVE. 3111 ST. JOHNS AVE. PALATKA FL 32177 PALATKA FL 32177-4131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3009352 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SELLERS, JEFFERY S. 3111 ST. JOHNS AVE PALATKA FL 32177 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 it applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE SELLERS, JEFF NAME NAME STREET ADDRESS STREET ADDRESS 3111 ST. JOHNS AVE CITY-ST-ZIP CITY-ST-ZIP PALATKA FL Change Change ☐ Addition TITLE TITLE D ☐ Delete DT NAME NAME FAW, MARTY FAW, MARTY STREET ADDRESS STREET ADDRESS 126 ST JOHNS TERR W 107 WESTOVER CIRCLE CITY-ST-ZIP CITY-ST-ZIP E PALATKA FL <u>PALATKA. FL.</u> ☐ Addition Change TITLE DS ☐ Delete TITLE NAME MEADE, GRAYSON NAME STREET ADDRESS STREET ADDRESS RT 5 BOX 505 CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32177 Change Addition TITLE Delete TITI F GABORIAU, ANDRE NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 2441 CITY-ST-ZIP CITY-ST-ZIP <u>Palatka fl</u>

12. Thereby 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.

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

RAGANS, GERALD

HALFORD, DAVID

IRR 5 BOX 730W

PALATKA FL

D

3502 KENNEDY STREET

INTERLACHEN FL 32148

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

UJRE REQUEFFERY Sellers, President 4/12/00 THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

XX Delete

Date

☐ Change

Change

Addition

☐ Addition

Daytime Phone #