2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 31, 2002 8:00 am DOCUMENT # N9500004345 Secrétary of State 1. Entity Name 07-31-2002 90092 002 ****61.25 REJOICE MINISTRIES OF SPRING HILL, INC. Principal Place of Business Mailing Address R0133049 7610 GATES CIRCLE 7610 GATES CIRCLE SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 31-1480290 Not Applicable Zip Country \$8.75 Additional Zip Country П 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) FITZPATRICK, BETTIE C 7610 GATES CIRCLE SPRING HILL FL 34606 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PTD Delete TITLE Change TITLE NAME WILSON, WILLIAM C NAME WILSON, WILLIAM C. STREET ADDRESS 2250 LONG VIEW CIRCLE STREET ADDRESS 19020 ST LAURENT DR CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE, FL. 34604 LUTZ FL Change ☐ Addition SD Delete TITLE TITLE WILSON, BEVERLY C. 2250 LONG VIEW CIRCLE WILSON, BEVERLY C NAME NAME STREET ADDRESS STREET ADDRESS 19020 ST LAURENT DR BROOKSVILLE, FL. 34604 CITY-ST-ZIP CITY-ST-ZIP LUTZ FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE FITZPATRICK, BETTIÉ C NAME NAME STREET ADDRESS STREET ADDRESS 7610 GATES CIR CITY-ST-ZIP CITY-ST-7IP SPRING HILL FL 34606 ☐ Addition TITLE Change ☐ Delete TITLE ZOOBERG, CARL DR. NAME NAME 7265 ROYAL OAK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF SPRING HILL FL 34607 ☐ Change ☐ Addition ☐ Delete TITLE shiver, John NAME NAME 619 ERIN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP ☐ Addition Change D Delete TITLE TITLE RICK, EUDY NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

3521 KITE STREET

SAN DIEGO CA 92103

STREET ADDRESS

CITY-ST-7IP

Papatruk 1/26/02 SIGNATURE: BETTIERCLAFITZRATRICK