2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800004602

BEAUTIFUL BRANCH MINISTRIES INTERNATIONAL INC.

FILED Jun 20, 2002 8:00 am Secretary of State 06-20-2002 90057 037 ****70.00

Principal Place of	Business	Mailing Address						
8734 GROVE TERRACE. #170 TEMPLE TERRACE FL 33617		PO BOX 290132 TAMPA FL 33687-0132						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE		
City & State		City & State		4. FEI Number 5	4. FEI Number 59-3519278		oplied For ot Applicable]
Zip	Country	Zip	Country	5. Certificate of Si		8.75 Add ee Require]
	Name and Address of Current F	Registered Agent	Name	7. Name and Add	ress of New Registered A	gent -	N =	
	STINE, MYS 70 TERRACE, #140			Address (P.O. Box Number is	Not Acceptable)			
TEMPLE TERRACE FL 33617			City		FL	Zip Code	ė	
8. The above nam	ned entity submits this statement for	the purpose of changing its	registered office	or registered agent, or both, in	the state of Florida.			
SIGNATURE	sture, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent sign	ature required when reinstating)	DATE			
								i
FILE	NOW: FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Departmen	•		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRI	CTORS IN	10	
STREET ADDRESS 873	GUSTINE, AYANA MYS 14 GROVE TERRACE, #140 MPLE TERRACE FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2E037 (9/01)
TITLE D NAME JAC STREET ADDRESS 281	CKSON, MERVELYN 9 CONNINTON DR	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	CR2
NAME D HEI STREET ADDRESS #2-	PZEBEH GA 30815 NRY, JOAN M 2 AVE NORTH GIMMIT	Delete	TITLE NAME STREET ADDRESS		~-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MMONWEALTH OF DOMINICA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE , NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		I	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	Addition	
indicated on the of the corporate changed, or or	that the information supplied with this report or supplemental report is to ion or the receiver or trustee empown an attachment with an address, with the supplemental reports of the supplement with an address, with the supplemental reports of the supplem	rue and accurate and that makered to execute this report a	the exemption sta y signature shall as required by Ch	ated in Section 119.07(3)(i), Florave the same legal effect as in apter 617, Florida Statutes; an	orida Statutes. I further certif f made under oath; that I and d that my name appears in	y that the in an officer Block 10 or	formation or director Block 11 if	
SIGNATUR		NTED NAME OF SIGNING OFFICER O	PHDIBECTOR	ina Charactura	00119100	12 3	541	ĺ

DOC 1. Entity N	O2 UNIFORM BU CUMENT # N98000 Name TIFUL BRANCH MINISTRIES	0004602		A gireat	JUMMA day to 8	31 ₁ 37014		
8734 GROVI	Place of Business /E TERRACE. \$170 ERRACE FL 33617	Mailing Address PO BOX 290132 TAMPA FL 33687-0132		the cont	Hud s now			
	nal Place of Business	3. Mailing Address		- this	219 -ight			
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.		DO NOT W	RITE IN THIS SPACE			
City & Si	State	City & State		4. FEI Number 59-3519278		Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired	00.75	Not Applicab Additional juired		
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New		uneu		
AYANA / 8734 GR	AUGUSTINE, MYS 30 ROVE TERRACE, #140			Street Address (P.O. Box Number is Not Acceptable)				
8734 GROVE TERRACE, #140 TEMPLE TERRACE FL 33617					1			
-	2		City		Zip C	od e		
8. The abov	ove named entity submits this statement E Signature, typed or printed name of registered age		'		FL!	Code		
SIGNATURE	E Signature, typed or printed name of registered age FILE: NOW: FEE: IS \$61.25	ent and filte if applicable. (NOTI 9. Election Can Trust Fund C	Is registered office or registered Agent signature requirements of the property of the propert	\$5.00 May Be Added to Fees	Plorida. DATE DATE DATE DEPARTMENT OF SE	le to ate		
SIGNATURE	FILE NOW: FEE IS \$61.25 OFFICERS AND D	ent and filte if applicable. (NOTI 9. Election Can Trust Fund C	is registered office or registered Agent signature requirements of the second of the s	s5.00 May Be	Plorida. DATE DATE DATE DEPARTMENT OF SE	le to ate		
SIGNATURE 10. ITLE IAME IRRET ADDRESS ITY-SI-ZIP	FILE: NOW: FEE: IS \$61:25 OFFICERS AND D AUGUSTINE, AYANA MYS 8734 GROVE TERRACE, #140 TEMPLE TERRACE FL 33617	9. Election Can Trust Fund C	TE: Registered Agent signature requirements of the signature requi	\$5.00 May Be Added to Fees	DATE DATE DATE DATE DEPARTMENT OF SERVICES AND DIRECTORS	le to ate		
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O. ITTLE IAME ITTLE IAME ITTLE ITTL	Signature, typed or printed name of registered age FILE: NOW: FEE: IS \$61.25 OFFICERS AND D AUGUSTINE, AYANA MYS 8734 GROVE TERRACE, #140 TEMPLE TERRACE FL 33617 D JACKSON, MERVELYN 2819 CONNINTON DR HEPZEBEH GA 30815 D HENRY, JOAN M	9. Election Can Trust Fund C Directors Delete	IS registered office or registered Agent signature requirements of the contribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida DATE Bake Check Payab Department of Sta ERS AND DIRECTORS Change	ile to alter		
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