

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90014 043 \*\*\*61.25

**DOCUMENT # N98000007001**

1. Entity Name  
**GOLDEN YEARS MINISTRIES OF SUMTER COUNTY, INC.**

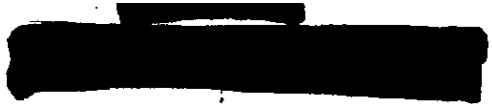
Principal Place of Business: 10127 COUNTY RD 114C WILDWOOD FL 34785  
 Mailing Address: 10127 COUNTY RD 114C WILDWOOD FL 34785-9152

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **59-3548753** Applied For:  Not Applicable:

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent:  
**FERRI, THOMAS**  
 10127 COUNTY RD. 114C  
 WILDWOOD FL 34785

7. Name and Address of New Registered Agent:  
 Name: ~~MADDOX, EULA~~ **GREENE, CAROLE**  
 Street Address (P.O. Box Number is Not Acceptable): ~~10845 N. HWY. 301~~ **10127 CR 114C**  
 City: ~~OXFORD FL 34484~~ **Wildwood FL 34785**

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: Carole F. Greene *V/S/T/D Carole F. Greene* **4-25-2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: FERRI, THOMAS STREET ADDRESS: 10281 CR 117 CITY-ST-ZIP: OXFORD FL 34481	<input checked="" type="checkbox"/> Delete <i>Deceased</i>	TITLE: [ ] Change [ ] Addition NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	
TITLE: VD NAME: LODGE, LOIS STREET ADDRESS: 5589 CR 547 CITY-ST-ZIP: BUSHNELL FL 33513	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: MARY PAGE STREET ADDRESS: 400 ROY ST. CITY-ST-ZIP: Wildwood FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: GREENE, CAROLE F STREET ADDRESS: 10127 COUNTY RD 114C CITY-ST-ZIP: WILDWOOD FL 34785	<input type="checkbox"/> Delete	TITLE: D NAME: <i>V/S/T/D</i> STREET ADDRESS: <i>GREENE, CAROLE F.</i> CITY-ST-ZIP: <i>10127 CR 114C</i> <i>Wildwood FL 34785</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TOWNSHEAD, JUNE STREET ADDRESS: PO BOX 1414 CITY-ST-ZIP: LAKE PANASOFFKEE FL 33538	<input checked="" type="checkbox"/> Delete	TITLE: [ ] Change [ ] Addition NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	
TITLE: VD NAME: MACDOX, EULA STREET ADDRESS: 10845 N HWY 301 CITY-ST-ZIP: OXFORD FL 34785	<input type="checkbox"/> Delete	TITLE: P/D NAME: <i>MADDOX, EULA</i> STREET ADDRESS: <i>10845 N. HWY 301</i> CITY-ST-ZIP: <i>OXFORD FL 34484</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: (D) NAME: MADDOX, ROBERT STREET ADDRESS: 10845 N HWY 301 CITY-ST-ZIP: OXFORD FL 34785	<input type="checkbox"/> Delete	TITLE: [ ] Change [ ] Addition NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	

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 817, 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: SIGNATURE REQUIRED **4/25/2000** **330-0390**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E007 (9/99)