

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/21/00-90003-009-\$236.25-\$236.25

DOCUMENT # N99000005811

1. Entity Name

GOD TODAY MINISTRIES, INC.

Principal Place of Business

P.O. BOX 32668  
PALM BEACH GARDENS FL 33420-2668

Mailing Address

P.O. BOX 32668  
PALM BEACH GARDENS FL 33420-2668

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PICCOLO, DAVID M P.A.  
1738 45TH STREET  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name  
JOHN C SUN

Street Address (P.O. Box Number is Not Acceptable)  
14368 BANDED RACCOON DRIVE

City  
PALM BEACH GARDENS

FL

Zip Code  
33418-8603

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]* JOHN C SUN, PTS

9/18/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE	PTS "D"	<input type="checkbox"/> Delete
NAME	SUN, JOHN C	
STREET ADDRESS	P.O. BOX 32668	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-2668	
TITLE	VPS "D"	<input type="checkbox"/> Delete
NAME	SUN, AMBROIA A	
STREET ADDRESS	P.O. BOX 32668	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-2668	
TITLE	"D" SUN, AMY H	<input type="checkbox"/> Delete
NAME	P.O. BOX 32668	
STREET ADDRESS	PALM BEACH GARDENS FL 33420-2668	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

*[Signature]* SIGNATURE OF SIGNING OFFICER OR DIRECTOR

9/18/00

Date

(561) 626 0040

Daytime Phone #

FILED

00 OCT -9 PM 2:27

SECRETARY OF STATE



REINSTATEMENT

4. FEI Number

65-0957026

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CR2E037 (5/00)

KE