

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90006 036 \*\*\*\*61.25

**DOCUMENT # N99000005811**

1. Entity Name

**GOD TODAY MINISTRIES, INC.**

Principal Place of Business

Mailing Address

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

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

720364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0957026**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUN, JOHN C**  
**14368 BANDED RACCOON DRIVE**  
**PALM BEACH GARDENS FL 33418-8603**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 NAME	PTSD SUN, JOHN C	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 32668	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-2668	
TITLE NAME	VPSD SUN, AMBROCIA A	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 32668	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-2668	
TITLE NAME	D SUN, AMY H	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 32668	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-2668	
TITLE NAME	D CREWS, JAMES C	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 32668	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-2668	
TITLE NAME	D NORTH, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 32668	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-2668	
TITLE NAME	D JABLONSKI, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 32668	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-2668	

TITLE NAME	D LOWNEY, SHARON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 32668	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33420-2668	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 15, 2002

Date

(561) 799 7900

Daytime Phone #

CR2E037 (9/01)