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	Mailing Address
10127 COUNTY RD 114C WILDWOOD FL 34785	10127 COUNTY RD 114C WILDWOOD FL 34785-9152

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3548753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 Wildwood

City Oxford FL 34484 — FL — Zip Code 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 $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 / STREET ADDRESS / CITY-ST-ZIP	PD FERRI, THOMAS 10261 CR 117 OXFORD FL 34481 — ☒ Delete — Deceased	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LODGE, LOIS 5589 CR 547 BUSHNELL FL 33513 — ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY PAGE 400 Roy St. Wildwood FL — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GREENE, CAROLE F 10127 COUNTY RD 114C WILDWOOD FL 34785 — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V/S/T/D Greene Carole F. 10127 CR 114C Wildwood FL 34785 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOWNSHEAD, JUNE PO BOX 1414 LAKE PANASOFFKEE FL 33538 — ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MACDOX, EULA 10845 N HWY 301 OXFORD FL 34785 — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MADDOX, Eula 10845 N. Hwy 301 Oxford FL 34484 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) MADDOX, ROBERT 10845 N HWY 301 OXFORD FL 34785 — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	I — ☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED — 4/25/2000 — 330-0390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #