

2001 UNIFORM BUSINESS REPORT (UBR)

1/1^{1/1}

FILED
Mar 07, 2001 8:00 am
Secretary of State

01-17-2001 90081 040 ****65.00

DOCUMENT # N00000007668
 1. Entity Name
12 ORDAINED MINISTRY, INC.

Principal Place of Business Mailing Address
7336 PALM DALE DR. LANTANA FL 33462

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

City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GARDNER, LARRY
7336 PALM DALE DR.
LANTANA FL 33462

4. Filing Number **05-1055262** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution **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	T President GARDNER, LARRY 7336 PALM DALE DR. LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Treasurer JOHNSON, ANASTENE 7336 PALM DALE DR. LANTANA FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Annastine Johnson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7336 Palmdale Dr. Lantana, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Broad of Trustee JOHNSON, MICHAEL 7336 PALM DALE DR. LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Secretary of Finance GARDNER, DENISE 7336 PALM DALE DR. LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Broad of Trustee RUSSELL, LORAIN 7336 PALM DALE DR. LANTANA FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Loraine Gardner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7336 Palmdale Dr. Lantana, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Broad of Trustee Lee D. Coleman 355 N.W. 5th Avenue Delray Beach, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lee D. Coleman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 355 N.W. 5th Avenue Delray Beach, FL 33444

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: **STANLEY R. FAY** **01-05-01** (56) 841-0038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)