## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 09, 2002 8:00 am Secretary of State DOCUMENT # N01000001947 1. Entity Name 09-09-2002 90009 036 \*\*\*\*61.25 SETTING SUN MINISTRY, INCORPORATED 02-05-2002 90108 011 \*\*\*\*61.25 Principal Place of Business Mailing Address 30553 CLEARVIEW DRIVE 30553 CLEARVIEW DRIVE WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544 2. Principal Place of Business 3. Mailing Address Same 30553 Clearview Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State reste Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. I am familiar with, and accept the obligations of registered agent. SUNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD Delete TITLE Change Addition TITLE MCINTOSH, KERMIT NAME STREET ADDRESS STREET ADDRESS 30553 CLEARVIEW DRIVE CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY-ST-ZIP SD Change ☐ Addition TITLE □ Delete TITLE MCINTOSH, LORETTA STREET ADDRESS STREET ADDRESS 30553 CLEARVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP Wesley Chapel FL 33544 ☐ Change ☐ Addition ☐ Oelete TITI F TITI F MCINTOSH, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 30553 CLEARVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Detete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ALGUAZUMERUZURED

(413) 973-4667

FILED