

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91064 039 \*\*\*\*61.25

**DOCUMENT # 716614**



1. Entity Name  
**SPORTS WORLD MINISTRIES, INCORPORATED**

Principal Place of Business

1919 S POST RD  
INDIANAPOLIS IN 46239  
US

Mailing Address

1919 S POST RD  
INDIANAPOLIS IN 46239  
US

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 **23-7073822**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, DONALD W ESQ  
% HACKNEY MILLER, P.A.  
4400 PGA BLVD, SUITE 505  
PALM BEACH GARDENS FL 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rechartering)

**3/14/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete  
NAME **TREBILCOCK, LIONEL**  
STREET ADDRESS **1788 PLEASANT VALLEY RD**  
CITY-ST-ZIP **GIRARD OH**

TITLE **P** ☐ Delete  
NAME **SAMPLE, SAM W**  
STREET ADDRESS **1919 S. POST ROAD**  
CITY-ST-ZIP **INDPLS IN 46239**

TITLE **T** ☐ Delete  
NAME **FUCHS, WALTER**  
STREET ADDRESS **321 E. FORSET AVE**  
CITY-ST-ZIP **WHEATON IL 60187**

TITLE **T** ☐ Delete  
NAME **FAULKNER, JAMES**  
STREET ADDRESS **3124 WELLINGTON PKWY**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **T** ☐ Delete  
NAME **HOCKETT, MIKE**  
STREET ADDRESS **2120 SHANCREST HILL**  
CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **C** ☐ Delete  
NAME **STILLMAN, PATRICK**  
STREET ADDRESS **1505 NEWPORT ROAD**  
CITY-ST-ZIP **MANHEIM PA**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WALTER FUCHS**

Date

**4/8/03**

Daytime Phone #

CR2E037 (10/02)