

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739430

Entity Name  
POINTE MINISTRIES, INC.

FILED  
Mar 07, 2000 8:00 am  
Secretary of State  
03-07-2000 90084 023 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business                           | Mailing Address   |
| CAPITAL CIRCLE NW<br>BOX 3266<br>TALLAHASSEE FL 32315 | 5349 CAPITAL CIRCLE NW<br>P O BOX 3266<br>TALLAHASSEE FL 32315-3266 |

|                             |                     |
|-----------------------------|---------------------|
| Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.         | Suite, Apt. #, etc. |
| City & State                | City & State        |

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                  |                         |
|----------------------------------|-------------------------|
| 4. FEI Number                    | Applied For             |
| 59-1758289                       | Not Applicable          |
| 5. Certificate of Status Desired | Additional Fee Required |
| <input type="checkbox"/>         | \$8.75                  |

6. Name and Address of Current Registered Agent

LOYD, MICHAEL E.  
CAPITAL CIRCLE NW  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|                             |   |                                |  |
|-----------------------------|---|--------------------------------|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|---|--------------------------------|--|

| OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| D<br>FLOYD, MICHAEL E.<br>5349 CAPITAL CIRCLE NW<br>TALLAHASSEE FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |   |  |
| SD<br>FLOYD, DONNA KAY<br>5349 CAPITAL CIRCLE NW<br>TALLAHASSEE FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |   |  |
| D<br>JANDHL, ALLAN<br>5349 CAPITAL CIRCLE NW<br>TALLAHASSEE FL     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |   |  |
| <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |

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: Donna Kay Floyd  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 3/3/00  
Daytime Phone #: (850) 562-4564