

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 08:00 AM****Secretary of State****DOCUMENT # 745400**1. Entity Name
NORTH POINT MINISTRIES INC.

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| Principal Place of Business 7147 LUCKY DR WEST JACKSONVILLE FL 32208 | Mailing Address 7147 LUCKY DR WEST JACKSONVILLE FL 32208 |
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| 2. Principal Place of Business 9201 RIDGE BLVD. | 3. Mailing Address 9201 RIDGE BLVD. |
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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

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|---------------------------------|---------------------------------|
| City & State JACKSONVILLE FL | City & State JACKSONVILLE FL |
|---------------------------------|---------------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 32208 | Country | Zip 32208 | Country |
|--------------|---------|--------------|---------|

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|---------------|---|
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
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| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 6. Name and Address of Current Registered Agent SNIPES, CHARLES H. 1639 STARRATT ROAD JACKSONVILLE, FL JL FL 32218 US | 7. Name and Address of New Registered Agent Name SNIPES CHARLES HPD Street Address (P.O. Box Number is Not Acceptable) 9201 RIDGE BLVD. City JACKSONVILLE, FL JL FL Zip Code 32208 |
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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 **CHARLES H. SNIPES****04/05/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

| | | | |
|---|---|---------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | SD SNIPES ANIETA M 7147 LUCKY DR WEST JACKSONVILLE FL 32208 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SNIPES ANIETA M 9201 RIDGE BLVD. JACKSONVILLE FL 32208 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SNIPES MARY A 9201 RIDGE BLVD JACKSONVILLE FL 32208 | <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 | PD SNIPES CHARLES 7147 LUCKY DR WEST JACKSONVILLE FL 32208 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SNIPES CHARLES 9201 RIDGE BLVD. JACKSONVILLE FL 32208 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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 | | <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 | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Charles H. Snipes

PD

04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)