2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765982

1. Entity Name

COME AND HELP MINISTRIES, INC.



FILED
Jun 25, 2001 8:00 am
Secretary of State
06-25-2001 90042 003 ****61.25

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		W	9				
Principal Place of Business		Mailing Address						
P O BOX 191212 MOBILE AL 36619		P O BOX 191212 MOBILE AL 36619			¥0034260			
				199)	140 EAU 1016 E		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Çity & State		City & State		4. FEI Num			oplied For ot Applicable	}
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent		7. Name a	nd Address of New Registered	d Agent		1
			Name					1
RANEW JR., THOMAS 2801 SW COLLEGE RD #1			Street A	ddress (P.O. Box Nun	ess (P.O. Box Number is Not Acceptable)			
OCALA FI								
à,			City		F	Zip Cod	e]
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registered agent, or I	both, in the state of Florida.			1
ે હ								
CICALATUDE		ϵ						
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signat	ure required when reinstating)	DATE			
								1
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing \$5. Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to d to Fees Make Check Payable to Department of State			
10.	OFFICERS AND DIR	ECTORS	11,	ADDITIONS/C	J CHANGES TO OFFICERS AND D	DIRECTORS IN	I 10	1
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition	18
NAME	BRYANT, TERRY		NAME					15
STREET ADDRESS	5112 N BROOKLINE DR		STREET ADDRESS	ı				15
CITY-ST-ZIP	MOBILE AL SD		CITY-ST-ZIP					ŭ
title Name	PERRY, ANTHONY	Delete	TITLE NAME	SO Takn Tu	irner	☐ Change	Addition	5
STREET ADDRESS	2558 HILLCREST RD		STREET ADDRESS	27/9 R	irner			
CITY-ST-ZIP	MOBILE AL 36695		CITY-ST-ZIP	Pascagoul	1A MS. 39567)		ļ
TITLE	TD	☐ Delete	TITLE		17113	☐ Change	Addition	1
NAME	BRYANT, SHERRY		NAME					
STREET ADDRESS	5112 N BROOKLINE DR		STREET ADDRESS					
CITY-ST-ZIP	MOBILE AL		CITY-ST-ZIP					┨
TITLE	VD Cathy, ron	Delete	TITLE	U D	m Caale	☐ Change	Addition	1
NAME STREET ADDRESS	LA. 815		NAME STREET ADDRESS	MICHINA H	owells Ferry Ru	A.		
CITY-ST-ZIP	SIMSBORO LO		CITY-ST-ZIP	Semmes	M. Cagle owells Ferry Ro AL. 36515			
TITLE		☐ Delete	TITLE			☐ Change	Addition	1
NAME			NAME			_ v		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					1
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	1
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
En			011 01-211					L

In nereby 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: