

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91783 047 ****70.00

DOCUMENT # 766972

1. Entity Name

'A BETTER WAY' IN CHRIST MINISTRIES, INC.

Principal Place of Business

Mailing Address

**304 N 12 STR
 FT PIERCE FL 34948
 US**

**PO BOX ~~9366~~ 3310
 FT PIERCE FL 34948
 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

59-2277741

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERSALL, DICK
 213 OSCEOLA AVE
 FT. PIERCE FL 34982**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** ☐ Delete
 NAME **PIERSALL, RICHARD S**
 STREET ADDRESS **213 OSCEOLA AVE**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE **D** ☐ Delete
 NAME **INGERSOLL, DALE**
 STREET ADDRESS **3004 LOST TREE BLVD**
 CITY-ST-ZIP **FORT PIERCE FL 34981**

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

TITLE **ST** ☐ Delete
 NAME **HAYNES, LOUIS**
 STREET ADDRESS **2222 COLONIAL**
 CITY-ST-ZIP **FT PIERCE FL**

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

TITLE **P** ☐ Delete
 NAME **REV TED RICE**
 STREET ADDRESS **4300 REDWOOD DR**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

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

TITLE **EST** ☐ Delete
 NAME **PIERSALL, LIBBY**
 STREET ADDRESS **213 OSCEOLA AVE**
 CITY-ST-ZIP **FT PIERCE FL**

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

TITLE ☐ Delete
 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

Libby Piersall ex Sec/Treas.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Libby Piersall 5-1-02
 Date

561-461-6378
 Daytime Phone #

CR2E037 (9/01)