

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769663

1. Entity Name

THE OTHER SIDE MINISTRIES, INC.

Principal Place of Business

RT.3 BOX 326 HIGHWAY 245 N.  
LAKE BUTLER FL 32054

Mailing Address

RT.3 BOX 326 HIGHWAY 245 N.  
LAKE BUTLER FL 32054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2328129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HATCHER, THOMAS S.  
RT 3 BOX 326 COUNTY ROAD 245  
LAKE BUTLER FL 32054

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.

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

TITLE D ☐ Delete  
NAME AMRHEIN, NICHOLAS C.  
STREET ADDRESS 25 CLIFFSIDE CT  
CITY-ST-ZIP BELMONT CA

TITLE D ☐ Delete  
NAME AMRHEN, JUNE F  
STREET ADDRESS 25 CLIFFSIDE CT  
CITY-ST-ZIP BELMONT CA

TITLE PD ☐ Delete  
NAME HATCHER, THOMAS S  
STREET ADDRESS RT 3 BOX 326 CR 245 N/A  
CITY-ST-ZIP LAKE BUTLER FL

TITLE VD ☐ Delete  
NAME HATCHER, BETTY J.  
STREET ADDRESS RT 3 BOX 326 N/A  
CITY-ST-ZIP LAKE BUTLER FL

TITLE STD ☐ Delete  
NAME HATCHER, JOHN J.  
STREET ADDRESS RT 3 BOX 326 N/A  
CITY-ST-ZIP LAKE BUTLER FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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:

Thomas Hatcher THOMAS HATCHER

4-16-2001

386-762-8641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90087 038 \*\*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)