

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90083 014 ****61.25

DOCUMENT # F02000004926

1. Entity Name

PROVIDENCE SELF SUFFICIENCY MINISTRIES, INC.



Principal Place of Business

**8037 UNRUH DRIVE
GEORGETOWN IN 47122**

Mailing Address

**8037 UNRUH DRIVE
GEORGETOWN IN 47122**

2. Principal Place of Business

1320 20th Street East

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL 34208

City & State

Zip

34208

Country

USA

Zip

Country

4. FEI Number **35-1947580**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SISTER TERESA COSTELLO
1320 20TH STREET EAST
BRADENTON FL 34208**

7. Name and Address of New Registered Agent

Name **Sister Teresa Costello**

Street Address (P.O. Box Number is Not Acceptable) **2043 Flamingo Blvd., #31**

Bradenton

City

Bradenton

FL

Zip Code

34207

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **MCCARTHY, SISTER MARIE**
STREET ADDRESS **OWENS HALL**
CITY-ST-ZIP **SAINT-MARY-OF-THE-WOODS IN 47876**

TITLE **VC** ☐ Delete
NAME **WILKINSON, SISTER DENISE**
STREET ADDRESS **OWENS HALL**
CITY-ST-ZIP **SAINT-MARY-OF-THE-WOODS IN 47876**

TITLE **P** ☐ Delete
NAME **ZELLER, SISTER BARBARA A**
STREET ADDRESS **8037 UNRUH DRIVE**
CITY-ST-ZIP **GEORGETOWN IN 47122**

TITLE **ST** ☐ Delete
NAME **REYNOLDS, SISTER NANCY**
STREET ADDRESS **OWENS HALL**
CITY-ST-ZIP **SAINT-MARY-OF-THE-WOODS IN 47876**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Sister Barbara Ann Zeller **2/5/2003**

CR2E037 (10/02)