

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000003610**

1. Entity Name

**BE-LOVED MINISTRY, CORP.****FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90014 045 \*\*\*150.00

0077733

Principal Place of Business      Mailing Address  
3631 CARRIAGE GATE DR      3631 CARRIAGE GATE DR  
MELBOURNE FL 32904      MELBOURNE FL 32904

U U D O J J

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      **95-4187781**      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  
RYAN, BARBARA A      Name  
3631 CARRIAGE GATE DR      Street Address (P.O. Box Number is Not Acceptable)  
MELBOURNE FL 32904      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)      ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing      ☐      **\$5.00** May Be  
Trust Fund Contribution.      Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYAN, BARBARA A		NAME		
STREET ADDRESS	3631 CARRIAGE GATE DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32904		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYAN, TIMOTHY M		NAME		
STREET ADDRESS	3631 CARRIAGE GATE DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBER, DR. CHARLES		NAME		
STREET ADDRESS	15789 CASTLEWOODS DR		STREET ADDRESS		
CITY-ST-ZIP	SHERMAN OAKS CA 91403		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, MISS MARILEE		NAME		
STREET ADDRESS	3709 LAUREL CANYON		STREET ADDRESS		
CITY-ST-ZIP	STUDIO CITY CA 91604		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMSONS, JAN		NAME		
STREET ADDRESS	782 W 26TH STREET #D		STREET ADDRESS		
CITY-ST-ZIP	SAN PEDRO CA 90731		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #