05/14/2003 08:35 [redacted]38 TIMOTHY BARBARA RYAN PAGE 02

MAY.14.2003 8:4[redacted]

NON

2003 ~~FOR~~ PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 14 PM 2:29

DOCUMENT # F99000003610

1. Entity Name
BE-LOVED MINISTRY, CORP.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 120309 Suite, Apt. #, etc.
City & State	City & State: Melbourne FL
Zip / Country	Zip: 32912 / Country

4. FEI Number 65-4187781 ☐ 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 3631 CARRIAGE GATE DR MELBOURNE FL 32904	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. 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

[redacted] $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RYAN, BARBARA A 3631 CARRIAGE GATE DR MELBOURNE FL 32904 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ V RYAN, TIMOTHY M 3631 CARRIAGE GATE DR MELBOURNE FL 32904 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ T WEBER, DR. CHARLES ~~15789 CASTLEWOODS DR~~ SHERMAN OAKS CA 91403 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4422 Oak Place Dr. Westlake Village, CA 91362
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, MISS MARILEE 3709 LAUREL CANYON STUDIO CITY CA 91604 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200019081422 05/15/03--01038--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ S WILLIAMSONS, JAN 4303 ADAMS AVE BELLINGHAM WA 98226 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: Barbara A. Ryan BARBARA A. RYAN 5/14/03 321 722 2938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #