

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90040 045 ****61.25

DOCUMENT # N00000001325

1. Entity Name

GOOD GRIEF MINISTRIES, INC.

Principal Place of Business

Mailing Address

151 BOCA CIEGA PT. BLVD. NORTH
 SAINT PETERSBURG FL 33708

151 BOCA CIEGA PT. BLVD. NORTH
 SAINT PETERSBURG FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3682722

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JACOBS, CARL M
151 BOCA CIEGA PT. BLVD. NORTH
SAINT PETERSBURG FL 33708

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 ☐ Delete
 NAME CPTD
 STREET ADDRESS JACOBS, CARL M
 CITY-ST-ZIP 151 BOCA CIEGA PT BLVD NORTH
 SAINT PETERSBURG FL 33708

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

TITLE ☐ Delete
 NAME VSD
 STREET ADDRESS JACOBS, DEANNA H
 CITY-ST-ZIP 151 BOCA CIEGA PT. BLVD NORTH
 SAINT PETERSBURG FL 33708

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HENDERSON, MARVIN H
 CITY-ST-ZIP 725 37TH AVE NORTH
 SAINT PETERSBURG FL 33708

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ORR, CAROL
 CITY-ST-ZIP 671 GARLAND CIRCLE
 INDIAN ROCKS BEACH FL 33785

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MCQUAID, BOB
 CITY-ST-ZIP 16001 2ND ST EAST
 REDINGTON BEACH FL 33710

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS REESE, E J III
 CITY-ST-ZIP 6767 SEMINOLE BLVD
 SEMINOLE FL 33772

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 2002 727/394-1610
 Date Daytime Phone #

CR2E037 (9/01)