FILED

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

## May 02, 2001 8:00 am secretary of State DOCUMENT # N0000001598 1. Entity Name 🤼 05-02-2001 90052 016 \*\*\*\*61.25 SOUND MINISTRIES, INC. Principal Place of Business Mailing Address 1420 OVERLOOK TERR. 1420 OVERLOOK TERR. TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3285 Parkland St 3. Mailing Address Parkland St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For itus ville Not Applicable \$8.75 Additional 32796 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PETERSON, BRADLEY JAMES arkland 1420 OVERLOOK TERR. TITUSVILLE FL 32780 City Titus ville 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE Peterson, Bradley James 3285 Parkland St. PETERSON, BRADLEY JAMES NAME NAME STREET ADDRESS 1420 OVERLOOK TERR. STREET ADDRESS Titus ville, FL 32196 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 VD VSTD TITLE 👿 Delete TITLE Change Addition Addition Maze, Paul 1507 Vista Terr. PETERSON, JUDY NAME NAME STREET ADDRESS STREET ADDRESS 1420 OVERLOOK TERR. Titusville, FL 32 STD peterson, Michelle CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition | MONDY, GEORGE NAME NAME 3285 Parkland St. STREET ADDRESS STREET ADDRESS 5565 SABLE PALM LANE Titusville, FL 32796 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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: