

2001 UNIFORM BUSINESS REPORT (UBR)

8/8/01-90007-025-\$61.25-\$61.25

DOCUMENT # 0000000 074

Tell the Story Ministries, Inc.

1480 S.W. 5th Terrace
Deerfield FL 33441

3. Principal Place of Business
Same as Above

4. Mailing Address
Same as Above

City & State

City & State

Zip

Country

Zip

Country

5. FID Number

65-1022861

Applied For

Not Applicable

6. Certificate of Sales District

\$5.75 Additional Fee Required

8. Name and Address of Current Registered Agent
Fuller, Henry E.
1480 S.W. 5th Terrace
Deerfield FL 33441

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

9. 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: X Henry E. Fuller Henry Fuller 8/12/2001

10. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	DATE	TITLE	NAME	DATE
SECRETARY	CARL BLACKMAN	8/12/2001			
STREET ADDRESS	890 NE 23rd TERR				
CITY-STATE-ZIP	Pompano Beach, FL 33069				
TITLE	GARY McLeod				
STREET ADDRESS	2420 NW 65th Pompano Beach, FL				
CITY-STATE-ZIP					
TITLE	HAYWARD LEE, JR.				
STREET ADDRESS	2428 NW 8th Pompano Beach, FL				
CITY-STATE-ZIP					
TITLE	JOHN ABRAMS				
STREET ADDRESS	2161 NW 29th Ft. Lauderdale, FL				
CITY-STATE-ZIP					
TITLE	J.C. CLARK				
STREET ADDRESS	631 NE 43rd Ft. Lauderdale, FL				
CITY-STATE-ZIP					
TITLE	MARILYN FULLER				
STREET ADDRESS	1480 SW STEAR Deerfield, FL				
CITY-STATE-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(2)(c), Florida Statutes. I further certify that the information provided 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 of the business empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other the employment.

SIGNATURE: X Marilyn Fuller 8/12/2001 (954) 427-4536

FILED
01 OCT -8 AM 8:4
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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