

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90162 035 ****70.00

DOCUMENT # N00000001974

1. Entity Name

TELL THE STORY MINISTRIES, INC.

Principal Place of Business

**1480 SW 5TH TERRACE
 DEERFIELD BEACH FL 33441**

Mailing Address

**1480 SW 5TH TERRACE
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1022861

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FULLER, HENRY E
 1480 SW 5TH TERRACE
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

SAME

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

Henry E. Fuller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-18-02

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

TITLE ☐ Delete
 NAME **BLACKMAN, CARL**
 STREET ADDRESS **890 NE 23 TERRACE**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
 NAME **MCCLEOD, GARY**
 STREET ADDRESS **2420 NW 6 ST**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
 NAME **LEE, HAYWARD JR**
 STREET ADDRESS **2438 NW 8 ST**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
 NAME **ABRAMS, JOHN**
 STREET ADDRESS **2161 NW 29 AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE ☐ Delete
 NAME **CLARK, J C**
 STREET ADDRESS **631 NE 43 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ Delete
 NAME **FULLER, MARILYN**
 STREET ADDRESS **1480 SW 5TH TERRACE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 Required

1-18-02

CR2E037 (9/01)